R O R S C H A C H R E S E A R C H E X C H A N G E

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RORSCHACH AND COLOR BLINDNESS*

by

H. W. Brosin, M.D. and Erika Oppenheimer Fromm, Ph.D.

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* * *

I. Introduction

One of the most important concepts for the interpretation of Rorschach protocols is that of color shock. By this is meant certain altered behavioral responses to the colored cards (II, III, VIII, IX, X) because of the subject's altered emotional response to the colors. The numerous ways in which these alterations may be expressed are discussed in the section on Criteria for Color Shock. Rorschach and all other students of the method have observed that neurotic individuals show color shock while normal individuals do not. Since five of the ten Rorschach cards are multicolored, the likelihood of color blindness as a possible source of significant error in interpretation must be considered if color blindness alters the subject's perception and affective response.

We have limited ourselves to the problem of color shock because of its importance and the comparative ease with which it can be demonstrated in the protocol and compared with the presence or absence of neurosis in the living individual. Of course, color shock is not the only aspect of the color problem in the Rorschach, if one wants to be systematic. For many of the finer delineations of a personality are indicated by nuances in the patient's use of color, whether there is color shock or not.

A reliable statistical investigation of the comparative number and quality of color replies given by the color blind would require too large a series to be practical at this time. The numerous interesting questions regarding the relation between the use of color and the personality in the color blind must be left to future investigation. From our limited series of cases, however, we see no evidence that there is a distortion of the personality "profile" in color blind individuals. The present investigation answers one part of the larger problem of the relation between affect and personality through demonstration of the correspondence between the Rorschach findings and the clinical knowledge of the subjects as to the presence or absence of neurosis.

The numerical importance of the problem of color blindness for the Rorschach worker can be judged from the fact that about four per cent of men show some degree of red-green blindness (dichromatism).

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The following studies may be useful in arriving at some such estimate.

1. Jeffries (54) states that in America 4.12% of men and 0.073% of women are color blind.

2. The committee of the Ophtalmological Society of England (14) found that in England 4.16% of the male and 0.4% of the female population are suffering from color blindness.

3. Favre (29) from his studies made in France between 1873 and 1874, stated that 9.35% of the French population were color blind.

4. Holmgren (45) in Sweden found 13 out of 265 persons with color blindness, or a little under 5%.

5. Seebeck (73) (Germany, 1837) gives 5 in 41, or 12.2% as the result of his investigation.

6. Mary Collins (13) found 1.9% of the boys and 0.6% of the girls to be color blind in the schools of Edinburgh, Scotland.

7. In China, Adele Field's (31) study states that 3.16% of men and 0.17% of women are color blind.

8. In two Japanese regiments, consisting of 1200 men, 41 or 3.4% were found to be color blind.

A smaller number, an absolute percentage is not known, show a dichromatic blue-yellow defect, while total color blindness (monochromatism) is extremely rare, only about fifty cases having been investigated.

In women color blindness occurs much less often than one in a hundred (0.3%), although it is transmitted only by women.

In the past, workers in the Rorschach method have assumed that neurotic persons with color blindness showed evidence of color shock, although no attempts at testing this assumption were published. Upon the suggestion of Dr. John Benjamin of Denver, Colorado, in 1935, a collection of cases with color blindness was started to clarify some of the problems concerned. We present twelve cases with the scored protocols as the basis of this study. (See Table I).

After a preliminary survey it can be seen that the threat of color blindness to the effectiveness of the Rorschach method is not as great as it might seem when we say that about 4% of all subjects will have some degree of defect in color vision. Many red-green blind people can still differentiate red and green although poorly. The blue-yellow blind will have no trouble at all with red. The partially red-green blind will have some trouble with the last 3 cards but will still be able to respond to the blue-yellow colors and the remnant of the red-green left to them. The blue-yellow blind can likewise find some color which will be an adequate stimulus for arousing color shock if the person is neurotic. Since absolute color blindness is extremely rare we need not consider it as a likely source of error. It is an open question whether a midly neurotic subject with a total red-green color defect will react with

sufficient intensity to the blue-yellow colors to show color shock. It is important for our purposes to call attention to the fact that the term "color blind" as it is generally used, cannot be taken literally. Most persons so called are only partially color "blind", and are only more or less incapacitated in perceiving color. For this reason it might help to refer to our subjects as having a "color defect" to emphasize the fact that they are not totally color blind. Furthermore, color blindness is not a strict clinical entity, but only a function of the conditions under which it is studied.

Another possible source of error due to color blindness in interpreting Rorschach is that the subject may be aware of his defect and therefore react in a manner different from the normal to the colored cards. (Pseudo-Shock). This over-reaction might lead to a diagnosis of color shock when none is present. The cases presented indicate that this need not be feared as a source of error since true color shock is not present in non-neurotics even when there is preoccupation with color.

There is no need here to review the history or experimental background of the physiological theories of vision, nor the special literature concerning the affect-arousing properties of color.

Physiological psychologists stress the importance of physic-psychological organization as a prominent predisposing factor in the causation of neurosis and psychoses. The auditory defects (Hyperacusia) and partial deafness are well known for the apparent ability to cause phatological personality organization and emotional states. Is it possible that emotional or personality changes accompany visual defects? Completely blind people are noted for their placidity in contrast to the strained tension of many deaf people, but unfortunately there are no experimental studies about this problem. It is interesting to speculate whether color blindness is a sufficient handicap to cause neurotic tendencies as deafness is said to encourage paranoid trends. Does a confusion of colors sometimes cause emotional responses as noise may cause irritability?

If we do not know more about these changes in essentially normal people with a good social adjustment it is obvious that evaluation of pathological states is even more difficult. In the toxic states, for example, where fever or drugs (alcohol, mescaline) may cause changes in the visual organization what type of distortion is seen in the protocol? The same question appears pertinent in all types of toxic-organic reactions, such as paresis, heredo-degenerative diseases, post-traumatic conditions, the convulsive states, some of which may show a wealth of color, the post-operative cases of cortical-sub-cortical pathology especially those involving the frontal, temporal and occipital lobes, the cerebral deteriorations due to alcohol, arteriosclerosis, etc. In the schizophrenias it becomes especially difficult to decide whether unusual use of color is complex-determined or whether it may not in some patients represent a special type of psychological deterioration. Apparently, acquired color blindness from trauma, infections, drugs (tryparsamide, methyl alcohol) syphilis may alter the color perception yet may not alter the personality proportionally, for reasonably good interpretations have been made of patients with these conditions without gross error. This constancy in the Rorschach is one of its most surprising characteristics, the one which makes it a reliable clinical instrument.

II. Method of Study. (See Table I)

Twelve subjects with various personality types who had performed the Rorschach experiment under standard conditions were given the Ishihara (55) or Stilling (74) tests for color vision to establish the degree of color blindness. In two cases (Mr. H., and Mr.B.) this defect was discovered while the subject was taking the Rorschach for clinical reasons. In one case, (Mrs. U.) the patient complained of unilateral color blindness, but none was found.

The Rorschach records were surveyed for evidence of color shock. Discrepancies or unusual behavior were sought which might identify the person as color blind. After the formal test was over, in addition to the usual questioning, the subjects were asked to name the colors on the Rorschach cards. In most cases they were asked if they noticed that they responded to cues other than the color per se, such as shading, intensity, texture, surface, etc. The first, second and third editions of the standard Rorschach cards published by Hans Huber of Bern, Switzerland, were used. The examination was always conducted in broad daylight to avoid any complications from artificial lighting. The examination was sometimes awkward with persons who asked questions about the nature of the test, but it was found that the brief polite explanation that this was an "experiment in perception" which would be more fully explained after the experiment, allayed suspicion or uncooperativeness.

Our subjects were chosen principally on the basis of availability for clinical verification since we wished to be sure that the clinical evidence for or against the presence of neurosis was sound, or else the interpretation of the reliability of the Rorschach protocol would be in question. This excluded getting Rorschach records on people with color blindness in the various medical departments who were not available for psychiatric observation over a prolonged period. Eleven of our twelve cases have been known to us from one to three years. It is important in making comparative judgments about cases of mild neurosis or "normals" to be certain that the clinical diagnosis is fairly reliable; otherwise it would be futile to use it as a check against the Rorschach. Too often in the past we have found the Rorschach a more delicate instrument for studying personality than a hurried, casual clinical examination. The mere absence of frank somatic or gross psychiatric symptoms is not a guarantee of the absence of neurosis. No such problem exists in the cases of frank neurotics who also show frank color shock, but that is not the principal concern of this paper.

The records of H.C., B., and W. are crucial in demonstrating that color shock is shown by color blind people with neurosis. The case of Mrs. U. is especially instructive in that she came in with the unique complaint that she was color blind in one (left) eye. The Rorschach protocols demonstrate frank color shock even when she is using only the left eye to look at the cards; also the formulation gave a clear indication of the compulsive character of the patient which was not obvious on the initial examination when the patient seemed to be primarily an hysteric. Mr. H. C. and Mr. H. are included because they are severe hospital cases, the former a behavior disorder on a neurotic basis, the latter a frank schizophrenic. The protocols of both make possible an estimation of the personality corresponding to the clinical impressions.

The seven more or less "normals" are crucial because they show no unusual deviations due to their color defect, for when we first began studying

this problem it seemed as if some of these subjects reacted to colors as if they were neurotic because they were sensitized to their deficiency. This phenomenon of "pseudo color shock" will be discussed more fully later. We did not include patients who were so depressed, that color answers would ordinarily be inhibited, since this would complicate the evaluation of the degree of color perception available to the patient. Nor did we include unduly anxious or acutely disturbed patients whose judgments about the procedure could not be trusted; this is especially true of testing the color vision by the methods of Ishihara, Holmgren, etc., where fair cooperation is required.

The greatest deficiency of the present study is the lack of a quantitative measure of the degree of color blindness. Circumstances were not favorable for expert testing by a spectrophotometer, monochromatic light sense testers or the revolving disks of Maxwell. We hope that such detailed studies will be possible in the future, but found that our present results might be significant even though mostly the Ishihara method for detecting color blindness was used because it is an excellent test for red-green deficiency as such. All of our cases showed a definite color defect. Two cases (Mrs. W. and Mr.C.) had only small deficiencies which were brought out best by matching tests. After a survey of work in this field it was found that the extent of the color vision defect is not peculiar to this problem nor is it the most central problem, for even with more accurate mapping of the fields of the defect it has been found by other workers that a color defect is a function of the conditions under which it is studied. (H. Kluver, Behavior Mechanisms in Monkeys, 1933, University of Chicago Press; also W. C. Halstead, American Journal of Psychiatry, 1940, to be published).

Furthermore our inferences have significance because we have no evidence from other studies or our own to indicate that the affective response is proportional to the amount of color perception as we measure it. The response to cues other than color (intensity, light, shading, texture) is another difficult question which will receive attention in the discussion.

Rorschach, in his genial way, did not fail to point out that there exist close relations between color and affectivity. He referred to the fact that the "melancholic" (greek for black galled) person is that individual who is looking at the "dark" side of everything, while the optimistic person "looks through rose-colored glasses". He states that, for the time being, it is a merely empirically gained fact that a correlation exists between the colors perceived and the affective excitability or excitement. He raises the question why, in certain cases, colors are not included into the entirety of apperception, and whether in these cases the ability for color sensation has already been reduced. He further says that this would mean all melancholics, in a certain sense, to be color blind; that they themselves often enough say that they see everything as being grey, not only in the metaphorical meaning of the word, but they emphasize that the colors are no more so glaring as before. In contrast, on the other hand, the manics always stress how bright the colors are. Rorschach says, there must be an essential difference between color blindness and this grey-seeing of the melancholics, because, if this were not so, it would follow that all total color blind individuals were affectively abnormal. This is against all experience, says Rorschach, but would be worth a thorough investigation.

Another possibility would be that the colors, though experienced as such, are suppressed from the apperception. This can be shown in neurotics.

Still the question remains: is there any biological, genetic or anatomical relation between the substratum of color apperception and the affect substratum, or is the elimination of colors a symptomatic process, a secondary consequence of certain changes in the affect basis only?

From this point we commenced our investigation, and we hope we have been able to contribute toward the solution of these problems.

Theoretically we have several possibilities to investigate if color blind neurotics can get a color shock in the Rorschach.

1) By comparing Rorschach records of non-neurotic color blind subjects with the records of the color blind, whom, by clinical observation, we know to be neurotic. For these experiments it would be desirable to have one group of color blind who are aware of their affliction, and one group who are not, so that it would be possible to compare the records of either group and to see if there are any differences at all, and if so, where they lie.

If the neurotic color blind get a color shock just as definitely as neurotics with normal vision do, and, especially if we can demonstrate that non-neurotic color blind do not have such a color shock, then we will have evidence that neurosis can be detected by means of the Rorschach without regard for color blindness.

2) The ideal cases would be persons who are color blind in one eye and not in the other. Unfortunately this remains an ideal, as only an infinitesimal fraction of the color blind are color blind in one eye and we had no such case in the available material.

We did have one case, however, of a patient who thought herself to be color blind in one eye only, but, due to the result of the Ishihara color test this statement proved to be wrong. This patient (Mrs. U.) was an hysteric.

3) Another possibility would be to measure thoroughly the extent of the color blindness, and to investigate with what degree of color blindness the Rorschach test might successfully be given.

III. <u>The Criteria of Color Shock and Findings on our Records.</u>

The concept of color shock as an index to the presence of neurosis will be familiar to readers of Rorschach and the workers in this field. It can be easily understood if it is compared to the "catastrophic reaction" described by K. Goldstein (35). When a subject is placed in a frustrating or threatening situation, however mild the degree, he will react either momentarily or longer with a re-organization of his personality in the direction of defense or flight. This reorganization may be so subtle that the objective evidence is slight, or it may be severe enough to cause outright fear or panic. In any event, the full, free productivity of the patient is interfered with, showing itself in a constricted or inferior performance. Clinically, neurosis means repression with impairment of performance in some spheres; so in the Rorschach experimental situation, evidence of undue change in behavior can be detected.

Since color has a special meaning for the neurotic or those with neurotic mechanisms due to the special repression and the "unfree" affect present in them, the presence of color constitutes an unusual, threatening,

situation which requires a strong defense and will be manifested in the record as color shock. The criteria by which we recognize color shock in our cases are:

1) Time, i.e. significant delay prior to the first scorable response. Sometimes the reaction time on a neutral card (IV and V) will be delayed, if the subject is preoccupied with the shock of cards II and III.

2) Exclamations indicative of newly aroused emotions different from those produced by uncolored cards.

3) Comment by the subject indicative of anxiety, tension, stress, newly mobilized defense mechanisms such as undue irritability, aggressiveness, passivity, etc. These comments may also be seen on cards following II and III when shock is severe, as demonstrated by their referral back to cards II and III.

4) Decline in the total number of responses on the colored cards, especially the last three, as compared with the uncolored ones. Rorschach said that a ratio of about 1:3 was normal. If there are fewer than 1/3 of the total answers given to cards VIII - X color shock should be suspected.

5) Decline in the quality of the responses. This can be in the percentage of accurately seen forms (F + %), the quality of the whole and detail answers as to originality and complexity, the nature of kinesthetic responses, the nature of the chiaroscuro answers.

6) Impoverished content of responses. Here the meaning of replies rather than their structure is studied for a decline in richness, of invention and decreased expansiveness and originality; for a tendency to be satisfied with commonplace or banal or even indifferent responses. This limitation is often striking in intelligent neurotics.

7) Rejection of the card by trying to avoid touching it, laying it down quickly or petulantly, or even tossing or bending it. A tendency to reject the card in various milder ways may be clearly seen in many cases. Editor's Note: See data on "refusals" in the following paper.

8) An irregular succession of replies on colored cards when those on the uncolored cards are orderly. Here care must be taken to avoid missing a "latent schizophrenia".

9) A decreased ability to see "popular" configurations when these have been easily or quickly seen on the uncolored cards.

10) Color shyness. An absence of color-determined responses in an individual who shows his ability to have them by verbal referral to the colors, but who cannot use them fruitfully in combination with his form-determined replies.

In contradistinction to normals, neurotics have a prolonged reaction time prior to the first scorable response on one or more of the colored cards. Most frequently they will react to colored cards with exclamations expressing their displeasure in some way. Exclamations of this kind are: "Whew! that's got me" or "That does not look like anything" or "I do not like that", and sometimes even expressions as "Is <u>that</u> beautiful!", in which case one feels

very strongly that the subject is dissimulating.

The number of responses often diminishes. Neurotic patients who, for instance, have given five, six or more answers to each of the uncolored cards, give only one or two or none at all, to the colored ones. The quality of responses decreases also. In comparing the F + and F- in the colored cards with those in the uncolored ones, we often see that there are proportionally more F- in the colored cards of patient's record. The content also diminishes in extent and quality. There are more anatomy responses, fewer well-seen originals and fewer movement answers. Often there are more descriptive, combinatory, confabulatory, and abstract answers as well. The approach is impoverished, order upset, whole-responses (W) lacking or shifting to DW's in an individual capable of giving healthy W's. There is a definite delay in giving popular responses (P) or they are even totally lacking in these colored cards.

Frequently in neurotics, especially in hysteric neurotics, we see on the colored cards an excitement which expresses itself not only in words, exclamations, hesitancy and blushing, but also in more or less violent actions. A few neurotics cannot be induced to touch these cards, while they do so without the slightest reluctance with the uncolored ones. Some even try to tear the card up or fling it away or even throw it at the examiner's head, as do impulsive schizophrenics. The latter, however, do not reject colored cards exclusively, but also the uncolored ones. Usually the neurotic is more restrained and will express his fear by defensiveness, aggressiveness, sarcasm, questioning, joking, scepticism, broad comments about the value of tests and the intelligence of the examiner, etc. In mild neurotics in whom the recovery from the "catastrophic situation" is swift, one must look sharply for the signs of temporary disintegration. Quick and sustained recovery after a small lapse may often be found in so-called "normal" people.

Not all of the signs need to be found in order to make a diagnosis of color shock, nor need they be present in every colored card. Clear-cut, significant presence of even one of the signs is evidence of color shock but may not mean neurosis of clinical severity. Most neurotics of clinical grade will show several on more than one card. The depth and character of the neurosis can be estimated from the severity of the color shock when taken into consideration with the other factors in the psychogram.

Our material is quite varied in its distribution as to age, sex, education, personality type and degree of psychopathology (See Table I). The ages range from 14 to 45 although most of them are in the third and fourth decades. Three are females, married, while nine are males, five of whome are married. One was a frankly psychotic hospital case (Mr.H.), three were severely neurotic hospital cases (Mr. H.C., Mrs. U. and Mr.B.), one (Mr.W.) was definitely neurotic while seven were well within the borderlines of "normality". Unfortunately we had no subject who did not know he was color blind. Such cases although they will be met in general practice can not be presented because of lack of opportunity for clinical observation and verification of the diagnosis "neurotic". The complete Rorschach and clinical data of only 2 cases can be presented in the appendix because of lack of space. We selected #4 and #11 because both have approximately the same color defect and vary extremely in every other respect.

The major findings of the other cases are available in Table II.

TABLE I

DESCRIPTIVE SUMMARY OF CASES

NAME AND AGE OCCUPATION	NATURE & DEGREE OF COLOR BLINDNESS	CLINICAL DIAGNOSIS	COLOR SHOCK
1) Mr. W. - 36 Professional man.	Severe red-green blindness, slight blue-yellow defect.	Neurosis	Marked
2) Mr. J. - 22 Student	Absolute green blindness	Neurosis	Present
3) Mr. R. - 33 Professional Man.	Marked red-green blindness	Minimal neurosis	Present
4) Mr. B. - 21 Student	Marked red-green and blue-yellow blindness	Functional colitis. Neurosis	Marked
5) Mr. H.C. - 14 student	Absolute red-green blind. Marked blue-yellow defect.	Neurosis	Present
6) Mrs. U. - 26 Housewife	No color blindness to all tests, but complaints of color blindness in left eye.	Neurosis	Severe
7) Mr. H. - 25 Student	Marked green-red blindness	Schizophrenia (mixed paranoid and hebephrenic behavior)	None
8) Mrs. W. - 45 Housewife	Minimal red-green defect	Manic-depressive swings. Compulsive behavior during neutral phases.	Slight
9) Mr. C. - 25 Professional man.	Slight red-green defect	No clinically manifest neurosis	Slight
10) Mr. F. - 39 Professional man	Marked red-green blindness	No clinically manifest neurosis	Slight
11) Mr. A. - 29 Business man	Marked red-green and blue-yellow blindness	No neurosis	None
12) Mrs. M. - 31 Invalid- due to spinal paralysis	Slight but definite red-green defect	No clinically manifest neurosis	Slight

TABLE II

INCIDENCE COLOR SHOCK

+ Means: Yes
− " No
The numbers represent the numbers of the cards

Case Number	Time	Exclamation	Comment	Decline in Total R	Decline in Quantity	Impoverished Content	Rejection	Irregular Succession	Decreased Popular Answer	Shyness to Color
Case 1 Mr. W. (R-G)	+ 9, 10	+ 10	+ 8,9,10	−	+ 10	+ 8,9,10	+	Trend in 3,9	+	+ 8
Case 2 Mr. J.	--	--	+ 2,3,8	--	+ 8,2,3	+ 8	--	— .	--	Delicate
Case 3 Mr. R.	+ 2,3,8,9	--	--	--	--	--	Trend in 2	--	--	+ 3
Case 4 Mr. B.	+ 8,10	+ 8	Comment on Color Blindness -- 2,8,10	--	+ 2	-- Incr.Dr.& Richness in 10	Trend	+	−	+ 2
Case 5 Mr. H.C.	?	- 10	- 10	--	--	--	--	--	--	- 3,8,10
Case 6 Mrs. U.	?					-	-			?
LeftEye	8	3	--	--	9,10	2,9,10	3	--	--	3
Both Eyes	+ 9	--	+ 9		+ 9	+ 9	+ all along	--	--	None in 2
Case 7 Mr. H.	−	--	--	--	--	--	--	--	--	--
Case 8 Mrs. W.	3 Ambiguous	−	Blood in 3 Colors too harsh in 10	−	−	−	−	−	−	−
Case 9 Mr. C.	2 Ambiguous	−	−	−	−	−	−	−	−	−
Case 10 Mr. F.	2 Ambiguous				9 Ambiguous					
Case 11 Mr. A.	--	--	--	--	--	--	--	--	--	--
Case 12 Mrs. M.	10 Ambiguous	−	Ambiguous 9,10	−	−	−	−	−	−	−

IV. Discussion

The fact that the Rorschach method can be used without restriction in persons with color blindness has been demonstrated. Color shock occurs uniformly in neurotic color blind patients, the amount corresponding to the degree of neurosis estimated by the clinical examination. "Non-neurotic" color blind persons, on the other hand, show little or no color shock.

Although this conclusion has practical significance there remain some unsolved theoretical questions of interest.

1) Why do neurotic individuals react with "shock" to colors in the Rorschach while normal individuals do not?

2) Do colors arouse affect in color blind individuals? From the conclusions given above it seems as if the severity of color shock is completely independent of the amount of the visual defect and solely proportional to the severity of the neurosis. Experimental work from other fields, however, sheds additional light upon the effect of color upon the personality.

3) How can it be explained theoretically that color blind individuals are capable of having color shock? To what do they react if they do not see color as such? Since they see the chromatic colors as grey, why does it make a difference in their performance when they experience grey on looking at the red in card VIII, as contrasted with their performance on looking at the grey in card VI?

Since the three questions are intimately related they are best discussed together.

Hering (49) in a simple experiment (Loch-Schirm experiment) demonstrated that an imperceptible change in the intensity of illumination of the surrounding field caused, by contrast, a perceptible change in the small inner field though the actual lighting on the latter was constant. This demonstrates that even stimuli below the threshold of perception can cause perceivable effects.

Goldstein (35) found that different attitudes towards the world are caused by the different colors. These different attitudes express themselves by all that we generally call "mood" or "atmosphere" into which we are brought by a certain sensory (i.e.color) stimulus. But these are not the only changes. Color stimuli influence the speed and extent of volitional movements, the judgment about time intervals, weights, distances, etc.

Goldstein says: "It is probably not a false statement if we say that a specific color stimulation is accompanied by a specific response pattern of the entire organism." Of course, this response pattern will differ according to the total situation in which the subject finds himself, since this pattern depends also on other processes.

Goldstein's experiments seem to indicate that green and blue stimulation facilitate the performance capacity of the organism and allow the organism to be more "itself". Both these colors - green even a little more than blue - are said to favor performance in general, while the effect of red and yellow is in the direction of an impairment of performance, accompanied by the automatic retreat of the subject from the problem. If the subject is not

Case 12 | 10 | Ambiguous
Mrs. M. | Ambiguous 9.10

able to cope with the situation, a "catastrophic reaction" may follow.

We believe that the varied manifestations of color shock are such catastrophic reactions. That red should frequently initiate color shock is now comprehensible. It is less easy to understand the fact, often seen in Rorschach, that cards VIII, IX and X are rejected more often than cards II and III, for in the latter the red is more intense than in the former. Apparently colors other than red do cause color shock; the fact that in cards VIII-X the entire field is colored, permitting no "Auswege" (escape) to the black, may also be a factor.

Further evidence of the affect-arousing effect of color even when it is below the threshold of conscious perception is provided in certain unpublished experiments of Wertheimer (79) in which he exposed drawings to subjects. The lighting under which these pictures were viewed was controlled so that minimal changes in its coloring were possible. This light was varied fro complete colorlessness to attenuated degrees of different colors. At all time the amount of color present was below the threshold of conscious perception, yet the subjects reported a definite difference in the "atmosphere" of the picture depending upon the quality of the color present.

It may be questioned whether the inability to recognize color values in the light projected in Wertheimer's experiments is the equivalent of the failure of the color blind subject to do so. Further experimentation is necessary to prove the equivalence or non-equivalence of the results of Hering, Wertheimer, Goldstein and Rosenthal, and those reported here. For the present a working hypothesis would be to regard them as equivalent, as this would explain, among other things, why the neurotic color blind have color shock.

In comparison with normal individuals the personality organization of neurotics is characterized by decreased potentiality for ready adjustment. Their functioning is more easily upset by external influences, making them less capable of coping with impressions and situations which are forced upon them by the outside world. The mere unexpected presentation of a relatively small amount of color in the Rorschach experiment to a neurotic individual forces him into a "catastrophic reaction" with an obvious impairment of performance, while in the same situation the psychic organization of the normal individual does not show such large changes, for the latter has more capacity for stability or "psychic homeostasis". There is no doubt that the observation of the colored Rorschach cards by the normal individual also activates processes other than those present while looking at the grey cards. Such an effect however, is not one which causes the normal person to lose his psychic equilibrium.

For further study of this idea the "tonus" and its fluctuations could be measured on normal and neurotic individuals while administering the Rorschach experiment.

In answer to the second and third questions as to whether colors arouse affect in the color blind person and how they may do so, the experiment of Hering, Wertheimer, Goldstein and Rosenthal (36) are helpful. The first worker's results have been described. The latter also found that the entire organism reacts with specific patterns not only to sensory stimuli, but also to stimuli which do not evoke any specific sensory experience: infra-red and ultra-violet light. These lights are not mediated by an organ appropriate to them; they are not even experienced as stimuli by the eye, yet they apparently

had a distinct influence on the performance of the individual exposed to them in Goldstein's and Rosenthal's experiments.

These demonstrations all tend to support the thesis that the perception of color represents only one, and possibly not the essential aspect of the entire process which takes place in the organism when the latter is exposed to color. It follows then that the phenomenal quality of the color red most probably plays only a small part, if any, in causing impaired performance. Likewise, it is probably not the phenomenal quality of green which facilitates performance. Thus we come to the conclusion that the most important factor in causing a reaction may be the physiological (brain) effect of the physical stimulus of any particular wave length in any given field. This physical stimulus need not necessarily be in the field of awareness (Wertheimer). Hence there is another explanation why color blind individuals react in the same way to the Rorschach cards as persons with normal vision. The former may lack the phenomenal color experience from the physical stimulus, but there seems to be no reason to doubt that he experiences the same physiological (brain) effects. This suggests another alternative, namely that the perception of a chromatic color by a color blind person as a "psychological gray" may differ in quality from the gray of the black-white axis. While this is apparently contradicted by many experiments there is some reason to believe that under special experimental conditions it may be true. One recalls the many clinical reports of severely color blind workmen who depend for a livelihood upon their ability to discriminate between small differences in colors. (Advertising lithographer, Pigment mixer of paint vats).

Our experiments support this belief. The color blind neurotic individuals react with color shock to a maximal degree, which it does not seem likely that they could do if they did not react to the physical stimulus, even if this is not in the field of awareness. To be sure, since none of our patients was totally color blind, the possibility exists that they reacted to what remaining color they perceived. From what has been said, however, the probability is that even the totally color blind would show color shock.

Colors, or we may now well say the physical waves that correspond to chromatic colors in terms of the medium used (the Gestalt field) seem to arouse affect in color blind persons to the same extent as in persons with normal vision. The extent of the color shock caused by this affect seems to be independent of the amount of color defect and solely proportional to the severity of the neurosis.

V. SUMMARY AND CONCLUSIONS.

1) The scored protocols of 12 patients with varying types of color blindness as established by the Ishihara, Stelling or Holmgren tests are presented with a clinical evaluation of the presence or absence of neurosis or psychosis, and the presence or absence of "color shock". It was found that the presence of a significant amount of color shock corresponded to the independent clinical diagnosis of neurosis. It is quite uncommon in our experience to get absolutely no color shock in even large series of so-called normal individuals, so this correspondence must be used for validation. Our present material does not warrant discussing the presence of color shock in psychotics which we have frequently seen contrary to the early Rorschach dictum; a forthcoming paper by Dr. J. Benjamin will help elucidate this phenomenon.

2) Since we find that the Rorschach can be used as freely in the color blind as in persons with normal vision, we tentatively suggest three possibilities for explaining the fact that colors do arouse affect in persons with a color defect.

a) Sufficient color vision is retained to cause the shock phenomenon.

b) The physical stimulus in a particular field may cause physiological responses in the central nervous system even though such a stimulus is not in the field of awareness. (Hering, Wertheimer, Goldstein and Rosenthal).

c) The color perception of a color blind person, under special experimental conditions, may be that of a "psychological gray" which has properties different from that of the grayness of the black-white axis. The use of the latter as a color, a common Rorschach phenomenon, and the possibility that the color blind person learns to identify certain grays as colors have not been investigated, but deserve future attention. In view of Goldstein and Rosenthal's work it would also be interesting to test the reaction to colors, under experimental conditions in a series of blind individuals.

3) The concept of color shock as a catastrophic reaction is presented. The entire Rorschach experiment could be studied from this point of view with special attention to the varied use of colors for it is not established that color shock in cards II & III is equivalent to that on VIII, IX, X, nor is it certain that the shock shown to red is equivalent to that of the green, blue and yellow, or the use of gray as color. The position of the card in the series requires attention to such factors as novelty, fatigue, learning effects; also to be considered are the difficulties or special problems presented by the individual card such as the use of gray as color, reversal of figure-ground, difficulty in achieving whole configurations, inducement to emphasize small details, etc.

4) The concept of pseudo-shock is presented with critical consideration of its appearance on our protocols. We believe that, while the color blind subject who is aware of his defect may be unduly preoccupied with color, the signs of such preoccupation can be differentiated from the true color shock.

5) There is no evidence in our records that persons with color defects develop, because of these defects, personalities different from those of normal individuals. Our records include a wide range of behavior from the grossly psychotic to the normal, with no signs of any special differences from others in the same groups.

6) A number of hints are available which will enable the experimenter to detect the presence of unsuspected color blindness in his subject. If a subject gives an unusual name or interpretation for a color he should be questioned about or tested for color vision after the experiment. An additional safeguard would be to ask the subject to name the colors on VIII-X at the close of the experiment. If the subject makes no use of color in any way he should be asked to name the colors after the experiment.

7) Even a neurotic individual, with normal color vision who claims to be color blind will show definite color shock on the Rorschach.

8) The necessity for regarding color as a relationship between certain wave lengths of light, brightness, intensity etc. in a specific field seems clear. Equally necessary is the need for the observation of strict experimental conditions, and definition by describing operations instead of depending upon formal definitions, in discussing such topics as color blindness, color shock, affect-arousing properties of "color", the relation between color shock and neurosis or psychosis. We do not know the active agent or relations which are operative in the Rorschach experiment enabling us to detect color shock in the neurotic color blind since we lack sufficient implementation, but hope that future work may make such elucidation possible.

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THE CASE OF MR. A. (#11)

I. Clinical Data

A. Clinical Impressions.

This subject is a 29 year old married business man of normal intelligence and a strong drive to make money. He is socially and maritally well adjusted along conventional patterns. He is exceptionally well adapted for his excellent job in a highly competitive business, since he can be extremely ruthless and selfish on objective indications without feelings of guilt, thus enabling him to be a success in making money. He has few cultural interests, exhibits good hard common sense, limits himself to the concrete, is a pleasure-seeker who cultivates good food and drink, is fond of pretty women and children, and avoids complex intellectual problems. He has a good capacity for enjoyment, is of easy going temperament and enjoys making other people comfortable and happy according to his own standards. No evidence of clinically manifest neurosis.

B. Color Test Data

ISHIHARA

1. 12	17. 73
2. nothing	18. nothing
3. nothing	19. nothing
4. nothing	20. nothing
5. nothing	21. nothing
6. 5	22. 2
7. 3	23. 4
8. 15	24. 35
9. 71	25. 96
10. 2	26. followed orange line
11. nothing	27. failed to follow orange line
12. nothing	28. followed green line
13. nothing	29. failed to follow green line
14. 5	30. saw no line
15. 7	31. saw no line
16. 16	32. followed line.

Marked red-green and blue-yellow defect.

II. Rorschach Data.

A. Records

I. 5"
1. Bat
2. Cave in here ($\vee$ center below)
3. Rocks ($>$ lat.)
4. Wings (lat.; Special R., not wings of the bat).

II. 8"
1. Looks like a bear's skin (black)
2. Butterfly (red below; F only)
3. A mouth there ($>$ a beak of an animal)

III. 7" 1. Well, I see 2 people (M)
2. I see 2 chickens, roosters (red up)
3. 2 more chickens (red center)
4. A pressed bone (lower gray) like an X-ray
5. 2 muffs (lower dark black)
2 feet (the feet of the people)
The people are really caricatures.

IV. (2") Oh! (as if to say: this is somewhat difficult.)
7" 1. I see a big bear's skin, furry (V)
2. I see a face of an animal, with big eyes and broken off tusks (up)
3. Bent branches of a tree (V up lat)
4. There is a general appearance of a vampire
A seam down the back of the fur.

V. (2") Say, these are all the same, aren't they?
12" 1. Beak of a bird, pelican? (center lower)
2. Bones (center up)
3. 2 legs without feet (lateral)
4. It has the general appearance of a bat (W). It might be furry

VI. 6" 1. I see my bear's skin again (lower half)
2. An eel, has 2 fins with tentacles (up)
3. 2 little hooks up here (V center)
2 little spots where the fur might have been rubbed off

VII.(10") It almost does not look like anything.
15" 1. Might be clouds floating in the sky
2. Continents (V)
3. Hip bones (lower third)
4. Tails of a cat, standing up when they are mad. (up)
5. Like a cave in here (big Ds), rocks supporting other rocks
That's about all, except that this thing (middle part in lower third) does not mean anything to me. (Repressed sex symbol?)

VIII. Oh, that is pretty. (Without any affect, just plain statement of a person, who really enjoys it esthetically).
5" 1. 2 bears, perhaps they are no bears, anyway animals.
2. A skeleton, the ribs (in blue)
3. 2 rocks with 2 different colors; these look pink, and these.....a brownish tint to them (orange)
4. Might be branch of a rotten tree (gray; "rotten, because the bark is crumbling away") V

IX. (2") Hm, hm, pretty (without any affect)
12" 1. Head of a deer - no, head of a camel
2. This looks like there might be bushes (the green.) V
3. Looks like partly formed head (> red lat.)
4. I do not know what this (center) looks like. (Represses penis symbol?) It looks like a stick.

IX. (cont'd.)

(Asked about colors:) I see pink in this card (pink) brown (the Ds), and reddish brown, more red than brown, though I guess it is orange (the pink). This (green) is greenish blue, perhaps more green on the inside (where it is lighter) but definitely more blue than green on the outside (wrong)

X. 12"

1. Funny little animals, caterpillars
2. And a rabbit's head in between
3. Spider (blue lat)
4. Something like beetles (greyish brown lat V)
5. These might be clouds (ochre lat.)
6. These look like a colored rock formation (Pink +, red +, blue +)
7. These look like 2 dogs, these yellow ones
8. 2 big bugs with tentacles sticking out of their heads, gnawing at a tree (gray up)
9. 2 animals, phantastic animals (green up)
10. Something....it is orange... 2 little oranges hanging from the end of a wishbone
11. I see a couple of roast ducks (blue center)

(asked about colors:) I see the following colors:
"Blue" +
"brown" (the gray up. Pt. is not quite sure whether it is brown or gray. Inclines to call it brown)
"green" +
"red and pink" (the whole pink)
"blue (in center) +
"yellow" +
"pink" (the ochre!)
"orange" +

B. Scoring

I.

1.	W	F	A	P
2.	DS	FK	N	
3.	D	lc	Rock	
4.	d	F	Ad	

II.

1.	D	cF	Aobj.
2.	D	F	A
3.	d	F	Ad

III.

1.	W	M	H	P
2.	D	F	A	
3.	D	F	A	
4.	D	Fk	At	
5.	D	Fc	Obj.	

IV.

1.	W	cF	Aobj.
2.	D	F	Ad
3.	d	F	Pl
4.	W	F	A

V.

1.	d	F	Ad	
2.	d	F	At	
3.	d	F	Hd	
4.	W	Fc	A	P

VI.

1.	W	cF	Aobj.	P
2.	D	F	A	
3.	dd	F	Obj.	

VII.

1.	W	K,m	Cl
2.	W	F	Geo
3.	D	F	At
4.	d	FM	Ad
5.	DS	FK	N

VIII.

1.	D	FM	A	P
2.	D	F	At	
3.	D	CF	Rock	
4.	D	Fc	Pl	

IX.

1.	D	F	Ad
2.	D	CF	Pl
3.	D	F	Hd
4.	D	F	Obj.

X.

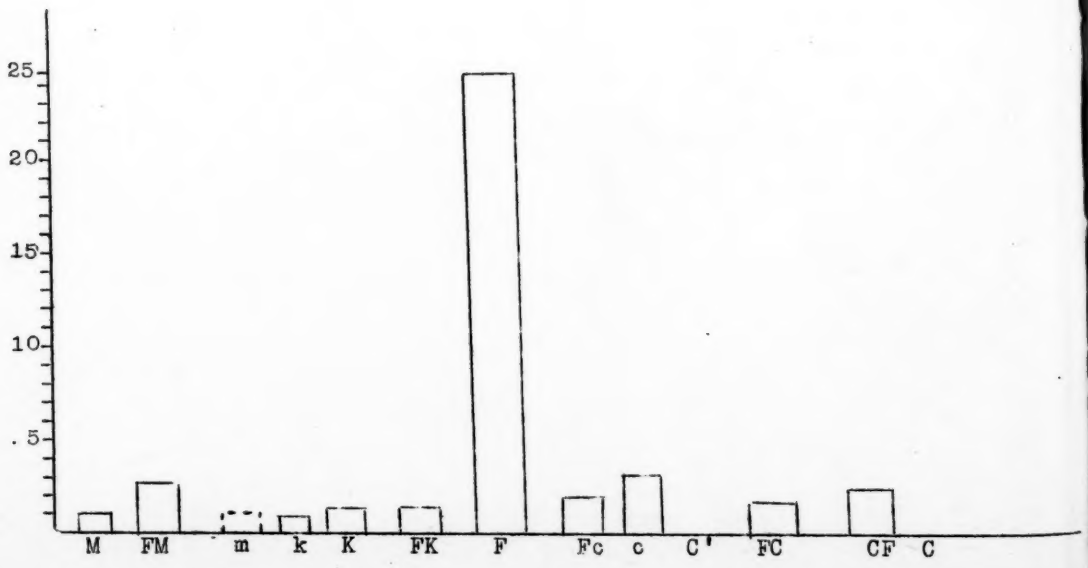
1.	D	FC	A	P
2.	D	F	Ad	P
3.	D	F	A	P
4.	D	F	A	
5.	D	K	Cl	
6.	D	CF	Rock	
7.	D	F	A	
8.	D	FM	A	
9.	D	F	A	
10.	D	FC	Food + Obj.	
11.	D	F	Aobj.	

C. Tabulation

W	8	M	1	H	1	F%: 55%	
D	31	FM	3	Hd	2	A%: 45%	
d	7	m	0+1	A	14	P%: 13%	
Dd	1	k	1	Ad	7	0%: 0%	
S	0	K	2	Aobj.	4 + 1		
	47	FK	2	At, Sex	4	(H + A) : (Hd + Ad) = 15:9	
		F	26	Pl	3	M: Sum C = 1:4	
		Fc	3	Obj.	3	(FM + m) : (Fc + c + C') - 2:5	
P	8	c	4	N	2		
0	0	C'	0	Geo	1	Cards VIII, IX, X / R = 40%	
		FC	2	Clouds	2		
		CF	3	Rock	3		
		C	0	Food	1	W:M = 8:1	
			47		47		

17%	65%	15%	2%	0%
(W)	D	d	Dd	S

Succession: Orderly



D. Summary about Color Shock

There is no prolonged reaction time to any color card in this protocol. The comment on seeing card VIII is not a sly evasion to cover his shock. No decline in quality or quantity is present on any colored card, so that we can definitely say that color shock is absent. This is all the more remarkable since this man refused to be a subject for over 9 months in order to avoid giving his wife more concrete evidence of his color defect, about which she teased a good deal.

Note of the Editor: It is important to note the difference between the clinical and the purely psychological aspect in the interpretation of this Rorschach record. Structurally we find some constrictive elements in this personality (over 50% F, more FM than M, more P than O). Mr. A. however managed to lead all these constricted energies into socially acceptable and useful channels, thus becoming a very "normal" individual in his behavior, in spite of obvious tensions in his (biological) structure. Moreover his form of adjustment makes him particularly adjusted in regard to color effects (a natural extravert!)

THE CASE OF MR. B. (#4)

I. Clinical Data

A. Clinical Impressions

This patient has several major personality problems (relation to competitors, family, occupational goal) and an overt colitis thought to be on a neurotic basis. He is intelligent, socially adept, has a brilliant school record, and seems to be headed for a splendid career even at this early age. There is no doubt clinically that he has a severe neurosis manifested both in his patterns of thinking and his somatic complaints.

B. Color Test Data

ISHIHARA TEST

1. Read 12
2. "not a number really - 8 if anything nondescript color"
3. Read 5 or (delay 6) - The 5 is clearer
4. Read 2 - no other seen
5. Read 21 - no other seen
6. Read 2
7. Read "can't make number out - if guessing would say 6"
8. Read 5 (hard to see - delay)
9. Read 7 (hard to see) maybe a 9 - either 7 or 9
10. Read 5 (Fairly easily seen)
11. Read 2 (Fairly easily)
12. Read 25 - Might be 26 - latter hard to see
13. Read 42 - 4 easy - 2 harder
14. Traces non-red line
15. Traces non pink line (incompletely)
16. Traces "pink and green and brown" line

Marked red - green and blue-yellow blindness.

II. Rorschach Data

A. Record Time: 1 hour 38 minutes.

I. 5 Sec.

1) "Insect, antennae
2) "Possibly a bat, 4 gaps in wing
3) "Female figure with head broken off. Winged Victory, with two sides as background, clouds
Hands out of scale
4) "Dragons (lateral) symbolic formation. Three part design
5) "Woman's figure. (lower center)
6) "Heads of snakes, ornamental on figure, Greek, religious significance, more probably from Asia Minor, Alexandrian period. (hands, upper center)
"I fail to see design as a whole.
7) "Rock formation
That's a bit safer, stone is softer and hard, limestone washed away and granite remains
8) "Fantastically could be a divine background (above) with smaller figure in front (above) with clouds and light portion of card becomes light, fulfilling artistic function, furnishing a frame which is still too irregular.

9) "Bell, Liberty Bell (lower center), but that is obviously bad hypothesis for it doesn't account for the masses on either side. (Objects to lack of regularity, symmetry, holes in center, etc.) (Talks more about former figures. Long verbal comments about relations of figures without adding new material). Then says, "I'm running out of ideas."

II. 6 Sec. 1) "Looks like an anatomical diagram. Cross section of vagina or uterus.
"Color scheme I don't understand at all and red spots up above.

2) "Might have two figures with hands touching. (What?) Sculptured figures, giants.

3) "Some sort of bottle. (upper center)

4) "Red clouds, would have to be clouds, may be blood-red sun over battlefield.

5) "Might be birds (upper red) but wing spread disproportionate. These, if they were over battlefield, would be vultures.

6) "Red down below a little like a butterfly. (Shape only)

7) "Blood. (red below)

8) "Phallic symbol, penetrating. (upper center)

9) "Phallic symbol with clouds on either side and rest is only a trick to bring these out.
That's about all I can think of.

III. 4 Sec. 1) "These are funny looking people on either side almost like birds. Nose like Prof.

2) "Red in center like butterfly.

3) "Red above must be anatomical 'cause I've never seen anything like it, stomach and esophagus.
"What the 2 are doing is a little difficult, carrying water jug and wearing slippers.

4) "X-ray (lower center gray and black) chest in bad condition.
"Think it is rather good, drawn as caricatures, but hard to understand since head is combination of bird and man. Originally some intention of drawing two legs, but one broken off.
"Again one could look again for a phallic symbol because I'm with a psychiatrist.

IV. 7 Sec. 1) "Well - first impression is insect.
All are like insects.

2) "Face at top - or even large figure with feet spread but that doesn't explain the center.

3) "Head like a Greek satyr or Christian devil. (Comments in detail on these) (Upper center)

4) "Might be seated figure (whole) seated on a pedestal but awkward, grotesque.

5) "Further than that I don't know; might be Greek frescoes with figures on each side (not specific)

6) (talks about identifying them) Serpent. (upper lateral)

7) "Always a phallic symbol in these - feminine or could be either. (upper center)
"Arms of figure awkward (whole) might be Aztec, they have grotesque figures. The shading here I don't understand (lateral lower)

8) "Phallic motif again (lower center) with openings on either side.
"Face a little like God in the Catacombs. Very impious picture. These cannot be schematized.

V. 5 Sec. "All my associations are the same.

1) "Inverted butterfly.
2) "Legs. (upper center)
3) "Also legs here (lateral legs) on either side.
4) "Head of bird (end of lower proj.) long neck. That's about all I can do with that one.

VI. 2 Sec. 1) "Fountain. (upper 1/3)

2) "Good for beacon too, except light not on top. (upper 1/3)
3) "Birds with heads sticking out with nest effect in center. (upper flanges)
4) "Bottom like natural scene, rock.
5) "Airplane photo of region in British Guiana.
"Formalized design of birds up above. (upper center)
6) "Mine shaft (center) in cross section.
"Then I couldn't explain these two elements. (white center)
7) "Wouldn't make a bad ghost (black portion) Occurs to me since I'm reading a lot about primitive religious forms.
8) "Phallic symbolism. (upper center). That's about all in that.

VII. 19 Sec. "(10) Not a heck of a lot here.

1) "Birds standing on object, decorative design.
2) "Two at bottom like clouds.
3) "Phallic element in depression, the V at the bottom.
4) "Supporting device and tablet. (center white)
5) "Butterfly. (lower 1/3)
6) "Ash tray (lower center white) or vase.
7) "Again contrast between dark and light suggests religious motif due to dialectical technique which I've been doing so long.

VIII. 16 Sec. "(1) Oh, this is nice coloring. Nothing.

1) "Top looks like roots of a tree. (lateral gray)
2) "Animals on side here, ichthyosaur, a kind of dinosaur, etc. Iguana, modern lizard. (Always sees them as large figures)
3) "Little like heads. (lower red center)
4) "Orange would be a rock with the head lifting up behind.
"Wished I could get away from this particular set of images!

5) "Color at top is gray color. Clouds in sky.
6) "Figures (small upper center) head and arms, disproportionate arms.
"First one with triangle. I prefer patterns, geometrical design.
7) "This is interesting, very like a person standing on a rock (tiny center above lower red) with arms folded.
8) "Butterfly in center again. (blue)
9) "Crown put on the figure (ibid) by the butterfly (blue)
"Shouldn't be blue lines, should be blacker.
10) "Comes to point like a needle, reminds me of doctor's hypodermic, used to be scared. (black center)
11) "Lily. (>, white center at left)
12) "or phallic symbol the other way (∧ ibid)
(Makes figure St. Francis crowned by butterfly, etc.)
13) "Or I might see angels here (usual in blue; calls the blue, the green). I should tell you that I'm slightly color blind, red-green blind in the cards but I can see colors well ordinarily.
14) "Legs spread. (small proj. upper center)

IX. 7 Sec. "(31) That red is blood red at the top - exactly blood red (orange)
1) "Vase. (center white)
2) "Fountain motif with column shooting up.
3) "Figures at side, a prophet with arms up and flowing robes. (upper lateral)
4) "Dragons. (vague; upper green)
5) "Has a rider. (small projection)
6) "Clouds (green) with rain at bottom. (lines)
7) "Color looks like inside of drunkard's stomach, third stage.
8) "People falling off a cliff. (3 of them in upper medium brown)
9) "Straight line in center with lily at bottom gives same interpretation. (avoids saying phallus)
"Of course, these people could be falling out of the sky. That would be more plausible.
10) "Down below here could be a torso. (center mauve)

X. 15 Sec. "Gee, this one is a beauty (laughs a lot), lots of animals.
1) "Locusts. (upper green)
2) "Rabbit's head or magnified grasshopper's head. (lower center)
3) "Dogs, cocker. (lower center yellow)
4) "Face. (upper medial red) Cloud of smoke with face appearing; appears a lot in Faust and witchcraft.
5) "Rabbit. (>, upper blue small)
"Silly, isn't it? Kind of fun, but I feel like a fool.
6) "Dog or lion here. (>, lower left ochre)
7) "Green could be some sort of decoration in an arch, vines in Greece and Rome. (lower center)
8) Badger. (<, upper gray left)
9) "Two birds holding something in the center. (center blue)

10) "Could be phallic. (red margins and lower green)
11) Center = tower, etc. Very chary of direct naming)
12) "Anatomical diagrams with poor color.
13) "Figure, a witch gathering herbs in her arms. (upper blue; B-)
14) "Animal motif again. (ibid, to left in right blue upper margin)
15) "Animals here too. (upper gray)
16) "Or could be caricatures - crosses between South Sea Islanders and parrots.
17) "Centrifuge. (center)
18) "Or nuts, fruit on a tree.
19) "Animal motif, lying on its back. (brown lateral)
20) "Or tuberous vegetable with shoots to it. (ibid)
21) "Animal head down and legs up. (left lateral extreme blue)
22) "Head and bust on long stalk. (upper blue)
2 "These 2 are not symmetrical" (long blue stalks)
23) "This couldn't be an octopus. (insecurity)
24) "Head like Socrates, but that's going too far. (upper blue extreme)

(Very many phallic symbols.)

B. Scoring

I.

1.	W	F	A	
2.	WS	F	A	P
3.	D(w)	M,K	H - Cl	
4.	W	F	Art	
5.	D	F	Hd	
6.	d	F	Ad, Art	0
7.	W	cF	Rock	
8.	W	KF	Abst	0
9.	D	F	Obj	

II.

1.	W	F-	Sex	
2.	W	M	(H)	
3.	d	F	Obj	0
4.	W	CF,FK	(N)	0
5.	D	F	A	0
6.	D	F	A	
7.	D	C	Bl	
8.	d(W)	Fm,K,CSym	Sex + Cl	

III.

1.	W	M	H	P
2.	D	F	A	P
3.	D	F	At	
4.	D	Fk	At	

IV.

1.	W	F	A	
2.	W	M	H	
3.	d	F	(hd)	
4.	W	M	H	
5.	W	F	Art	
6.	d	F	A	
7.	d	F	Sex	
8.	D	F-	Sex	

V.

1.	W	F	A	P
2.	d	F	Hd	
3.	d	F	Hd	
4.	d	F	Ad	

VI.

1.	D	F	Obj	
2.	D	F	Obj	
3.	dr	F	A+obj	0
4.	D	FK	N	
5.	W	FK	N	
6.	D	F	Obj	
7.	D	F	(H)	
8.	D	F	Sex	

VII.

1.	W	F,FM	A,Art	
2.	D	K	Cl	
3.	d	F	Sex	
4.	S	F	Obj	0
5.	D	F	A	
6.	S	F	Obj	
7.	W	K	Abst	

VIII.

1.	D	F	Pl	
2.	D	F	A	P
3.	D	FM	Ad	
4.	D	FK	Rock	
5.	D	K	Cl	
6.	dd	M	Hd	0
7.	dd	M	H	0
8.	D	F	A	
9.	dd	F	Obj	0
10.	d	F	Obj	0
11.	S	F	Pl	0
12.	S	F	Sex	
13.	di	F	(H)	
14.	dd	Fm	Hd	

IX. ——— C ———

1.	DS	F	Obj	
2.	D	F	Obj	
3.	D	M	H	
4.	D	F	(A)	
5.	dr	M	H	0
6.	D	K	Cl	
7.	W	Csym	(At)	
8.	dr	M	H	0
9.	D	F	Sex	
10.	D	F	Hd	

B. Scoring Cont'd.

X.

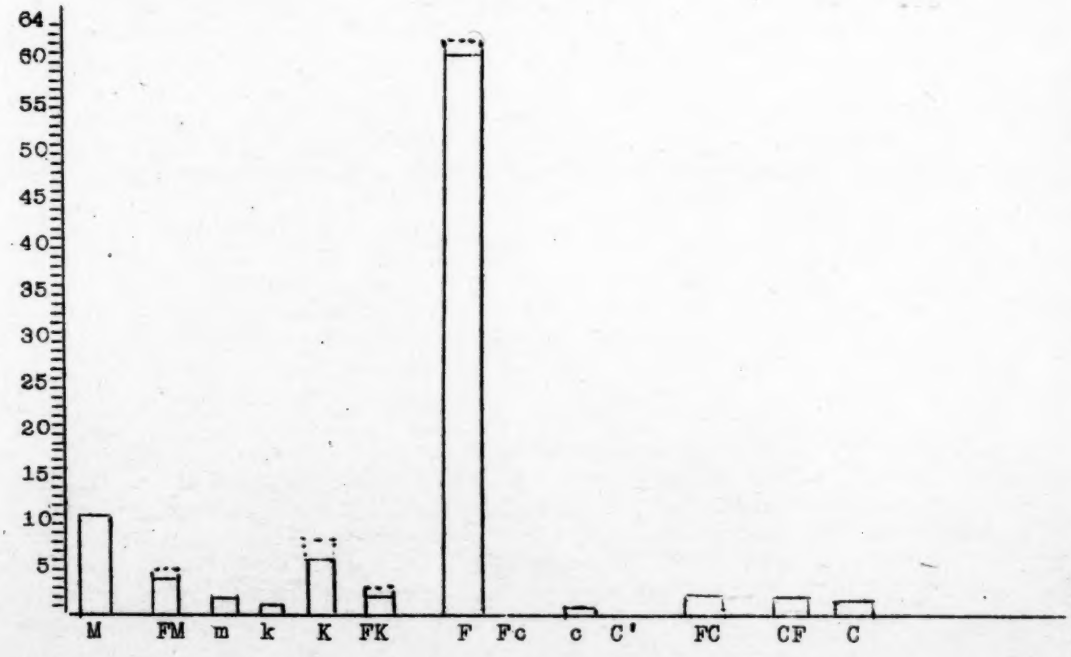
1.	D	FC	A	
2.	D	F	Ad	P
3.	D	F	A	
4.	D	K,F	Smoke,	Hd
5.	dr	F	A	O
6.	D	F	A	
7.	D	FC	Art	O
8.	D	F	A	
9.	D	FM	A	
10.	D	F-	Sex	
11.	D	F-	Sex	
12.	W	C/F	At	
13.	dr	M	H	O
14.	dr	F	A	
15.	D	F	A	
16.	D	F	(H)	
17.	D	F	Obj	
18.	D	F	Pl	
19.	D	FM	A	
20.	D	F	Pl	
21.	dr	FM	A	O
22.	dr	F	Ad	O
23.	D	F	A	P
24.	dr	F	Hd	O

C. Tabulation

W	19 + 2	M	11	H	13	F% = 64%
D	48	FM	4 + 1	Hd	8 + 1	A% = 31%
d	11	m	2	A	25	P% = 7%
Dd	14	k	1	Ad	5	O% = 21%
S	4 + 2	K	6 + 3	At,sex	14	
	96	FK	2 + 1	Pl	4	(H + A) " (Hd + Ad) = 37:13
		F	63 + 1	Obj	12 + 1	
P	7	Fc	0	N	3	M: Sum C = 11:6
O	20	c	1	Art	3 + 1	(FM + m) : (Fc + c + C') = 6:1
		C'	0	Blood	1	
		FC	2	Clouds	4 + 2	Cards VIII, IX, X / R = 50%
		CF	2	Rock	2	
		C	2	Abst	2	
			96		96	W : M = 19:11

20%	50%	11%	15%	4%
W	D	d	Dd	S

Succession: Loose



D. Summary about Color Shock

This intelligent but insecure subject shows much evidence of great ambitiousness, striving for quantity and the unusual in content, in addition to a marked immature preoccupation with sexuality. Color shock is evident in cards II, VIII, IX and X by the increase in reaction times, the exclamation denoting acute discomfort and desire to escape card VIII, the insincere complements regarding color on cards VIII and X, the decline in quality on card II, the tendency to reject color cards which is rebuffed by his ambitiousness, the irregular succession especially noted in cards IX and X, the color shyness seen in card II.

This subject volunteered the information on card VIII that he was color blind, a fact not known to us before. In spite of his severe red-green and blue-yellow color defect, he shows an unmistakable color shock together with many other signs of neurosis such as the immature preoccupation with sexuality, many sadistic figures, unreasonable pretentiousness, expression of insecurity with excessive defensive verbalizations, reliance on "neutral" though nondescript responses rather than being selective.

PERSONALITY STRUCTURE IN THE PSYCHONEUROSES

by

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and
M. R. Harrower Erickson, Ph.D.

While frank psychoneurosis, as distinguished from the normal, on the one hand, and psychosis and organic brain disease on the other, is a reasonably clear clinical entity, classification within the psychoneurotic group presents difficult problems. Psychiatrists would probably generally agree on the following definition, adapted from one by O. Spurgeon English:

> A neurosis is a clinical condition in which the manifestations may be symptoms of physical dysfunction, recurring thoughts, acts or affects which serve no useful purpose, but which nevertheless cannot be modified by the subject, and in which the manifestations are accompanied by a subtle but definite disturbance in the integration of personality and in the ability to adapt to reality.

This definition covers quite well the general symptom groups: hysteria, anxiety states, the obsessive-compulsive states, neurasthenia, etc.

Clinicians would probably also agree that although diagnosis within the psychoneuroses is based on the predominating symptom, most cases of psychoneurosis present more than one of the aforementioned symptoms, and that pure entities are exceedingly rare.

From a clinical point of view the following structural factors may be suggested as common to all cases of psychoneurosis, regardless of the specific features which may occur in any individual type:

1. Lack of inner stability.
2. An infantile adaptation.
3. Inability to adjust to the environment.
4. Excessive anxiety and tension.
5. Sterotypy and restriction of spontaneity, with an attempt to substitute conscious control for genuine adjustment.

It is, however, obvious that borderline psychoneurotics, organics, psychotics, and even so-called normals are frequently most difficult to distinguish clinically, and it was with the hope of finding some specific variance between psychoneurotics and normals that this study was undertaken. In addition, it was felt that such findings would be of value in further studies differentiating the psychoneurotic group as a whole from other types of psychopathy.

Rorschach records were obtained from 43 individuals of varying intellectual levels, aged from 15 to 55, who had been clinically diagnosed as

psychoneurotic at Montreal Neurological Institute, New York State Psychiatric Institute and Hospital,* and Mt. Sinai Hospital in New York City. Most of the subjects were patients in out patient departments; a few were hospitalized. The group comprised anxiety neurotics, conversion hysterics, neurasthenics, compulsive-obsessives, and some of mixed type. Rorschach literature of course contains reports of the incidence of the various Rorschach factors in large groups of normal subjects. In addition, however, for the purpose of direct comparison, we obtained records from twenty normal individuals, of intellectual and age levels comparable to those of the experimental group, to serve as a control group.

The neurotic records presented marked differences from the normal ones in a number of ways. The following are the nine signs in the neurotic records which seemed to differentiate them most clearly from the normals:

1. Number of responses to the ten cards not more than 25. Our neurotic group averaged 13 responses to the ten cards. In only three cases (7%) was the total more than 25. The totals in these cases were 26, 27, and 49. The average number of responses from large numbers of normal adults has been reported as between 30 and 40. Our normal group averaged 36, with 30% of them having no more than 25 responses.

2. Number of M, or human movement responses, not more than one. To produce more than one human movement response a subject must have a considerable degree of maturity and inner stability. 74% of our neurotic cases had fewer than two M responses; their average number was 1.1. All of the controls had more than one M, averaging 5.5.

3. FM, animal movement responses, greater than M, human movement. The FM responses represent a primitive, infantile mode of response, in contrast to the maturity of the M. In 67% of the neurotic records FM was greater than M. In 23% of the cases M and FM were both absent or of equal number, and in only 12% was M greater than FM. 70% of the control group had more M than FM responses; in only 15% of the controls was FM greater than M.

4. Color shock was present in 98% of the neurotic records. Color shock has long been considered a neurotic reaction. In general color shock means that there is evidence of disturbance in reaction to the cards which contain bright color - which represents emotional stimulation from the environment. In accordance with Rorschach practice the following types of reactions to the colored cards were used as the main indicators of color shock

   a. Significant delay in time prior to the first response to the card.

   b. Comments or exclamations by the subject indicative of newly aroused emotions or anxieties different from those seen in the uncolored cards.

* The authors are grateful for permission to include certain cases from the hospital and out-patient department of the New York State Psychiatric Institute and Hospital in this study, and to Dr. S. E. Barrera, Principal Research Psychiatrist and the Department of Psychiatry of the New York State Psychiatric Institute and Hospital for their cooperation in this phase of the work.

c. Decline in the quality of the responses, especially when it results in the appearance of F-, poorly perceived form.

d. Rejection of the card.

While color shock was present in all but one of the neurotic cases, it was found in only 20% of the controls.

5. Shading shock, or reactions to the two strongly shaded cards similar to those evidenced in response to the colored cards in color shock. This is a reaction indicative of considerable anxiety. It was present in 81% of the psychoneurotic records, and in 20% of the normals.

6. Complete refusal to respond to one or more cards is almost never found among normal people, was not found at all in our control group. 47% of the neurotics, however, had refusals, ranging from one to seven of the ten cards.

7. In 51% of the neurotic cases the percentage of pure form responses in the total number of responses was higher than 50. Only 20% of the normal group had this sign. More than 50% pure form responses represents restriction of spontaneity, with an attempt to substitute intellectual control for genuine adjustment.

8. In 58% of the neurotic cases animal figures constituted the content of more than half the responses. 25% of the normals showed this sign. An animal percentage of over 50 is considered an indication of a high degree of mental sterotypy.

9. The number of FC responses (form-color combinations), indicative of emotional adjustment, was no more than one in 81% of the neurotics, and in only twenty per cent of the normals. The neurotics produced an average of .6 FC responses, while the normals' average was 3.1. 70% of the neurotics produced no FC responses at all, while only 10% of the normals lacked FC's entirely.

It seemed most useful to present our results in a tabular form similar to that used by Piotrowski with his organic cases. Table I shows the incidence and distribution of the nine signs in the records of the psychoneurotic subjects, Table II, in the normal ones.

The average number of signs in the psychoneurotic group was 6.5, the range - from 3 to 9. The average in the normal group 1.5, and the range, 0 to 3. All but two of the neurotic subjects showed more than three signs. Of these two, one was a conversion hysteric, who had been receiving psychoanalytic treatment for six months, and who had evidenced marked improvement clinically. The other was a sixteen year old boy, also diagnosed conversion hysteria, whose neurotic symptoms had arisen very recently and in the face of an extremely challenging external situation (a highly competitive scholarship examination), and for whom there was a good prognosis clinically.

It is interesting that in both of these cases the Rorschach expert analyzing the records as a whole would have no difficulty in diagnosing psychoneurotic characteristics. In the one case the frequent repetition of

a highly individual concept, in the other case an especially severe color shock were the outstanding qualitative factors. In the four normal cases with three signs there were no such outstanding qualitative characteristics.

It may be emphasized here that the results of the present study are not suggested as a quantitative substitute for the important qualitative elements which a Rorschach examiner uses in diagnosis. It should be emphasized also that the presence of no one sign is diagnostically indicative.

It seems possible, therefore, to conclude from this study that the presence in a Rorschach record of five or more of the signs we have described, suggests strongly the presence of a psychoneurosis. Such a suggestion may be confirmed, however, only by a study of the whole record, quantitatively and qualitatively, and finally by a study of the Rorschach results in the light of the known clinical facts. Needless to say, we by no means wish to suggest that our nine Rorschach signs be used as a substitute for clinical observation and diagnosis. It does, however, seem valid to conclude that in cases of differential diagnosis these Rorschach factors can be of service.

In addition, since the interpretative values of the Rorschach factors we have found in psychoneurotics seem to parallel so closely the personality factors found clinically in such cases, the possibility is suggested of the Rorschach method serving as a valuable aid in the future establishment of more basic categories within the psychoneuroses - categories based on structural differences in the personality rather than on relatively superficial symptomatology.

TABLE I
INCIDENCE AND DISTRIBUTION
OF SIGNS
PSYCHONEUROTICS

Subj.	Age	Sex	R	M	FM>M	Color Shock	Shading Shock	Refusals	F%	A%	FC	No.of Signs
B.A.	32	F	X	X	X	X					X	5
R.S.	27	F	X	X	X	X	X	X	X	X	X	9
F.H.	35	F	X	X	X	X	X	X		X	X	8
S.A.	28	F	X		X	X	X		X	X	X	7
R.L.	40	M	X	X		X	X	X		X	X	7
A.B.	28	F	X	X	X	X	X	X		X	X	8
M.G.	44	F			X	X	X		X	X	X	6
H.P.	24	F	X	X	X	X	X	X		X	X	8
M.C.	22	F	X	X	X	X	X	X	X	X	X	9
A.S.	29	F				X	X				X	3
B.C.	51	F	X	X	X	X	X	X			X	7
B.J.	21	M	X	X	X	X	X	X			X	7
S.S.	16	M	X		X	X						3
H.M.	55	F	X	X	X	X	X	X	X		X	8
C.M.	21	F	X	X	X	X	X	X	X	X	X	9
T.G.	23	F	X		X	X				X	X	5
V.L.	23	M	X			X	X	X	X		X	6
H.S.	18	F	X	X		X	X		X			5
T.B.	43	F	X	X		X	X		X		X	6
H.R.	27	M	X	X	X	X	X		X		X	7
P.M.	27	M	X	X		X	X		X		X	6
M.B.	32	M	X	X	X	X	X	X	X	X	X	9
L.S.	40	F			X	X	X		X	X		5
A.G.	26	F	X	X	X	X	X		X	X	X	8
T.H.	38	F	X	X	X	X	X	X		X		7
J.M.	35	F	X			X		X	X	X		5
V.R.	40	F	X		X	X	X		X	X	X	7
L.G.	49	F	X	X		X	X		X		X	6
C.B.	33	F	X	X	X	X	X			X		6
L.F.	50	F	X	X		X					X	4
F.B.	38	F	X			X	X				X	4
G.S.	18	M	X	X	X		X			X	X	6
E.O.	15	F	X			X				X	X	4
H.M.	50	M	X	X	X	X	X		X	X	X	8
M.M.	45	M	X	X	X	X	X		X	X	X	8
L.S.	43	M	X	X	X	X		X		X	X	7
H.T.	35	M	X	X		X			X		X	5
F.G.	16	F	X	X		X	X	X	X			6
E.G.	40	F	X	X	X	X	X			X		6
D.H.	29	F	X	X	X	X	X	X		X	X	8
K.S.	46	M	X	X	X	X	X	X			X	7
C.P.	28	F	X	X		X	X	X	X		X	7
D.L.	17	F	X	X	X	X	X	X		X	X	8
Total 43			40	32	29	42	35	20	22	25	35	280.Av-6.5
%			93	74	67	98	81	47	51	58	81	

(over)

TABLE II
INCIDENCE AND DISTRIBUTION
OF SIGNS
NORMALS

Subj.	Age	Sex	R	M	FM > M	Color Shock	Shading Shock	Refusals	F%	A%	FC	No. of Signs
B.B.	23	F			X							1
E.D.	23	M							X			1
H.G.	31	F					X					1
H.L.	53	F	X							X		2
R.L.	31	F	X							X	X	3
G.M.	48	F										0
S.M.	40	F	X			X			X			3
O.N.	31	F				X			X	X		3
C.S.	52	M			X					X		2
L.V.	44	F					X					1
R.W.	38	F							X		X	2
R.B.	26	F	X								X	2
J.L.	28	F	X		X							2
T.H.	50	M										0
H.J.	32	F				X				X		2
D.S.	40	M									X	1
M.M.	25	F					X					1
E.K.	23	F	X			X	X					3
R.M.	22	F										0
N.L.	24	F										0
Total 20			6	0	3	4	4	0	4	5	4	30.Av
%			30	0	15	20	20	0	20	25	20	

(over)

THE TECHNIQUE OF RORSCHACH SCORING AND TABULATION

by

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PART I

Introduction

This article was preceded by a paper on the "Technique of Rorschach Performance"* and a paper on "Theory and Technique of Rorschach Interpretation"**.

The first of the above mentioned papers contains a short chapter, "General Scoring Problems", which touches on some of the considerations which may serve as an introduction to this paper. We must also refer to the principle considerations about scoring in the article, "Should the Rorschach Method Be Standardized?"***. Summarizing these previous considerations, we can distinguish three principles of selection for the choice of scoring categories and their adequate application in each case. We must keep in mind that the use of the term "scoring" for these activities does not imply the quantitative evaluation usually associated with the term.

A. The first of these three principles of selection demands the highest possible accuracy in descriptive definition. Naturally this possibility is limited by the flexibility of human nature as expressed in the unlimited variety of individual nuances in Rorschach responses. It would be a hopeless undertaking to try to establish these descriptive definitions of our scoring categories on a verbalistic basis. We are interested mostly in the concepts our Rorschach subjects have in mind, and only secondarily in the verbal formulations with which they express these concepts. The descriptive definitions used in the Record Blank for the Rorschach Method of Personality Diagnosis**** are used as basis for this paper.

B. The second principle of selection is based on the fact that the ten ink-blot cards have a number of "natural propensities"; they are apt to evoke certain reactions in the majority of subjects and to evoke them in one place rather than in another (e.g. human action in Card III more than in any other place, details in Card X, etc.). The richer the experience of the Rorschach worker the more intimately he becomes familiar with these natural propensities or objective dynamics of the Rorschach cards. Whether and to what degree the subject is affected by these objective dynamics and whether he is affected positively or negatively is shown in certain qualities of the responses. These

* Rorschach Research Exchange, Volume II, #1, page 1.
** Rorschach Research Exchange, Volume III, #4, page 152.
*** Rorschach Research Exchange, Volume III, #2, page 44.
**** Published by the Folder Committee of the Rorschach Institute, Inc. 601 West 115th Street.

qualities are the main basis for the objectivity of the Rorschach method, since they permit us to use these objective dynamics as a quantitative basis for comparing the individual variations and deviations in the responses of various subjects. Since the purpose of the scoring is to establish such a basis for comparison, and since it is generally desirable to keep any scoring system as simple as the material at hand permits, it seems advisable to limit the choice of qualities to be scored to all elements in the response which are related to these objective dynamics of the cards and to exclude all free associations and individual variations which may be very revealing for the subject in one way or another, but are mere by-products as far as the effects of the stimulus cards go. Nevertheless, we must keep in mind that in this way the results of the scoring will be only a skeleton for our interpretative work, but not the only source of interpretation.

C. The third and most self-evident principle of selection is to use only scoring categories whose interpretative meaning has been, at least to some degree, verified by clinical observation, results of other testing procedures, or other sources of information.

These three principles of selection cannot be used independently of each other. Combined, they determine the precise choice of scoring categories.

Chapter I.

Scoring Categories for the Location of the Response

Rorschach distinguished between the use of whole blots, usual portions of blots, unusual portions of blots, and the use of the white spots left in and around spots, as main categories of location. He met with a number of problems mainly related to the borderline between the use of a whole blot and the use of a major portion of a blot, and between usual and unusual details. On the borderline between the usual and unusual details has been discovered a fifth major category, the small usual detail, which is too frequently used to be considered unusual and still so comparatively insignificant a portion of the whole blot that its use does not have the same meaning as the use of the large usual details.

Sufficient data to establish the statistically "normal" large usual detail (D) and the small usual detail (d) with a validity beyond that of particular groups such as age or intelligence groups, have not been compiled as yet. To establish the statistically normal details we need "universal" validity. A frequency distribution of details in a minimum of five thousand random records should give a fairly clear picture of the "universal" distribution. How this "universal" distribution is composed through over-lapping of the distributions in special groups could be compared later or concurrently if the contributors supply date and at the same time indicate the nature of their groups.

In order to stimulate such computation we are publishing a tentative list of large usual details and small usual details in the approximate order of their frequency as arrived at through the use of the figures published in the literature and the count of 290 records. This list does not pretend to warrant any statistical validity but serves only as a basis for further

statistical verification. This tentative list can be considered as a first revision of the list published in the Rorschach Research Exchange Vol. 1, pg. 16 and 17.

Explanation of Tables

In column (1) the Roman numerals indicate large usual details in the approximate order of frequency; the Arabic numerals indicate small usual details in the approximate order of frequency.

In column (2) a description of the large usual details and the small usual details is given together with an example of each.

The numbers in column (3) indicate the combined frequencies for each detail from our records (average and superior adults, and adolescent boys and girls) and from those of Hertz* (150 adolescent boys and 150 adolescent girls). The numbers in the column headed "Klopfer" (4) indicate the frequencies for each detail from our records. The numbers in the column headed "Hertz" (5) indicate the frequencies for each detail from Hertz's records*. Unfortunately Beck did not give frequency figures for his details. In the column under his name (6) we inserted the designations for his details. The difference between D and Dr is the only indication of the frequency. The figures following D and Dr are merely designations of the locations in the pictures of the ink-blots used in his book.**

Whenever an additional number is added e.g. in Card I Column (2) we find 119- 56, it means that variations of the details occurred which were considered as falling into the category of normal details.

In column (4) under the heading Hertz the symbol (dr) occurs a number of times. This means that Hertz called the detail in question a dr in her tables because it fell below the 20th Perentile which she used as the breaking point.

Wherever a dash is found it means that the detail was not mentioned by the worker in question.

A word must be said concerning the method of arranging the large usual details and small usual details in the order of frequency of occurrence. The following principles were observed:

a) Where there was agreement between Hertz, Beck and the writers that a certain location was "normal", naturally, it was called "normal" and listed in the order of the combined frequencies.

b) A location was also considered "normal" if two of the workers called a certain location "normal" and the third called it unusual, or did not mention it.

c) A location of a detail was called "tentative" - meaning tentatively "normal" if one of the workers called a certain location normal and one of the other workers or both called it unusual or did not mention it at all.

* Hertz, M. Rorschach Research Exchange. Vol. 1 - P. 104-120.
** Beck, S.J. Introduction to the Rorschach Method, New York, 1937.

d) Details which were mentioned only as unusual details by one or two workers were not included.

We would like to urge readers to send us their data, stating the nature of the groups used and giving the statistical frequencies. Results from any number of records would be appreciated. In tabulating the frequencies we might point out that it would be advisable to consider also detail responses not mentioned in this compilation. Some of them may turn out to be "normal". The next section of this paper will deal with the qualitative aspects of the large usual detail and the small usual detail.

TABLES

(1)	(2) Description of Location and examples given	(3) Klopfer & Hertz	(4) Klopfer	(5) Hertz	(6) Beck
	CARD I				
	"Normal" large usual detail (D)				
I.	Entire center ("woman's body") with or without lighter grey (transparent skirt) in lower portion.	119-56	66-3	53-53	D 16
II.	Entire side (witch, bear)	11	30	81	D 12
III.	Lower center without lighter grey (thighs & legs)	45	10	35	D 8
IV.	Entire lower center (bell)	44	9	35	Dr 9
V.	Upper side (dog's head with snout outside).	40	11	29	___
	Tentative				
VI.	Upper third of center (crab)	31	5	26	___
	"Normal" small usual detail (d)				
1.	Upper outer projections (wings)	36	7	29	D 11
2.	Lower side (lady's head)	35	11	24	Dr 7
3.	Upper, inner, claw-like extensions (hands)		2	___	D 1
	Tentative				
4.	Uppermost projections (bear's head)		2	___	D 1
5.	Upper innermost details (heads)		5	___	Dr 3
6.	Bottom projection (feet)		3	___	Dr30
7.	Small knob-like extension at lower side. (sheaf of wheat)		2	___	Dr10

(1)	(2) Description of Location with example	(3) Klopfer and Hertz	(4) Klopfer	(5) Hertz	(6) Beck
	CARD II				
	"Normal" large usual detail (D)				
I.	Lower red with or without black-red mixture (butterfly)	171 + 3	79 + 3	92	D 17
II.	Upper red (Christmas Stockings)	149	53	96	D 14
III.	Entire side black (bear, dog)	219*(Ŵ)	30	189*(Ŵ)	D 24
		Tentative			
IV.	Upper portion of black (1/2 to 1/3)		1	___	D 6
	"Normal" small usual detail (d)				
1.	Upper center (castle)	72	24	48	D 3
2.	Bottom outer projection (hen's head)		6	___	Dr 9
		Tentative			
3.	Bottom projection adjacent to 2 (Indian head)		1	___	Dr10
4.	Upper side projection (stone head)		5	___	___
	CARD III				
	"Normal" large usual Detail (D)				
I.	Inner red (butterfly or bow)	253	90	163	D 7
II.	Outer red with or without tail-like extension	208 + 9	82 + 5	126 +4	D 3
III.	Entire lower center (pelvis or mask)	125	30	95	D 15 & D 10
IV.	Lower center black (negro heads)	120	25	95	D 5
V.	Lower side black (fish or hand)	111	22	89	D 4

* It was observed that the majority of our subjects use both the black side figures (with or without center top small usual detail) as an incomplete whole (Ŵ) rather than a large usual detail. This explains our lower frequency as compared with Hertz's. Hertz's total side figures including top red or the total black including lower red have never been observed except as an incomplete whole. Note, wherever an asterisk occurs and next to it an incomplete whole (* W) it indicates that in most cases in our experience an incomplete whole was given.

(1)	(2) Description of Location with example	(3) Klopfer and Hertz	(4) Klopfer	(5) Hertz	(6) Beck
	CARD III CONT'D.				
VI.	Upper side black-head and upper part of body of the usual figure (bird on rock v).	36	7	29 + 5	D 8
	Tentative				
VII.	Middle side black (aeroplane)	58	5	53	Dr 12
VIII.	One of the two human figures.	45	2	43	D6 * W
IX.	Lower center light grey (ribs)	31	11	20(dr)	Dr 11
	"Normal" small usual detail (d)				
	Tentative				
1.	Bottom side portion (high-heeled shoes) with or without lower part of "leg".		4 + 1	___	Dr 13
2.	Top side black (head)		4	___	___
3.	Side black lateral protrusion usually upside down as animal head (with tiny white space as eye)		3	___	___
	CARD IV				
I.	Lower center (animal head)	156	55	101	D 8
II.	Lower side black and grey sometimes including the upper side portions (boot)	87 + 14	24 + 3	63 + 11	D 9
III.	Lower side light grey(dog)	85	25	60	D 5
IV.	Entire vertical dark center (spine)	29	12	17(dr)	D 2
	Tentative				
V.	Dark side detail		___	33(dr)	D 7
	"Normal" small usual Detail (d)				
1.	Upper side extensions (snake) sometimes with small adjacent portion (dancer with face in adjoining portion)	107 + 4	27 + 2	80 - 2	D 3
2.	Uppermost portion (flower) sometimes includes adjacent shaded portion (Japanese face)	63 + 9	16 + 9	47	Dr 1

(1)	(2) Description of Location with example	(3) Klopfer and Hertz	(4) Klopfer	(5) Hertz	(6) Beck
	CARD IV CONT'D.				
	"Normal" small usual Detail (d)				
	Tentative				
3.	Outermost lower side extension (head of dog)		6	___	Dr 6
4.	Lowermost portion of lower center detail (crown)		5	___	___
	CARD V.				
	"Normal" large usual Detail (D)				
I.	Entire side with or without light-grey extensions (face of figure lying down).	38 + 31	16 + 5	22 + 26	D 2
II.	Center vertical portion (rabbit)	30	15	15	D 10
	"Normal" small usual Detail (d)				
1.	Bottom (tweezers)	72	16	56	D 6
2.	Side extension(leg) some times with adjacent thin extension (crocodile's head)	64 + 2	28 + 2	36	D 5 & Dr 7
3.	Top (rabbit's head) may include just "ears" or "rabbit's head" or lower part (policeman's head).	38 + 10	16 + 10	22	D 9 & D 1
	Tentative				
4.	Lower contour of side detail (profile)		___	24	Dr 14
	CARD VI				
	"Normal" large usual Detail (D)				
I.	Entire lower portion (animal skin) or half of lower portion (boat or king's head)	207 + 74*	51 + 18	156+56*W	D 18 & D 9
II.	Entire upper portion (dragon fly) sometimes including light grey uppermost portion of lower detail (light house on rock with beacon)	191	64	127	D 4 & D 14
III.	Upper black portion only of center column (snake) sometimes without slightly shaded outer portion.	55	29	26	D 13
IV.	Entire dark vertical center (spine)	55	26	29	D 16
V.	"Wings" only of upper portion	41	23	18(dr)	D 12

(1)	(2) Description of Location with example	(3) Klopfer and Hertz	(4) Klopfer	(5) Hertz	(6) Beck
	CARD VI				
	"Normal" small usual Detail (d)				
1.	Uppermost detail (snake's head) with or without "whiskers".	36	12	24	Dr 10
2.	Lower lateral extensions (dog's head).	36	9	27	Dr 11
	Tentative				
3.	Two inner light gray ovals (spots)		4	___	Dr 5
4.	Bottom inner projections (birds or eggs in next)		1	27(D)	Dr 7 & Dr 8
	CARD VII				
	"Normal" Large Usual Detail (D)				
I.	Entire bottom portion (butterfly) sometimes each half separate (sheep)	248 + 9	50 9	198	D 6 & D 12
II.	Middle third (mask)	198	69	129	D 5
III.	Upper third, with or without uppermost projection. (women's heads)	193 + 9	63 + 9	130	D 3
IV.	Upper two thirds (II & III) (dog)	141	52	89	___
	"Normal" small usual Detail (d)				
1.	Dark center bottom detail (canal)		19	___	D 7
2.	Top projections (squirrel's tail)		13	___	D 1
	Tentative				
3.	Light gray projections on upper inner corner of top third (icicles)		3	___	Dr 2
	CARD VIII				
	"Normal" large usual Detail (D)				
I.	Side pink (animals)	544	234	310	D 10
II.	Lower pink and orange (butterfly)	238	79	159	D 17
III.	Top gray portion with or without center line (mountain and tree) sometimes including rib like figure or blue.	205 + 12	68 + 12	137	D 1
IV.	Middle blue portion (flags)	122	49	73	D 4
V.	Rib-like figure in upper center (spine)	111	63	48	D 3
VI.	Bottom pink alone (Bullfrog heads)	75	33	42	Dr 6
VII.	Bottom orange alone.	35	26	9(dr)	D 7
	"Normal" small usual Detail (d)				
	Tentative				
1.	Lateral extensions of bottom orange (lamb's head)		10	___	Dr 8

(1)	(2) Description of location with example	(3) Klopfer and Hertz	(4) Klopfer	(5) Hertz	(6) Beck
	CARD IX				
	"Normal" large usual Detail (D)				
I.	Green portion	243	79	164	D 8
II.	Orange portion	216	76	140	D 11
III.	Small inner portion at conjunction of green and orange (deer's head)	153	46	107	D 12
IV.	Lateral pink	108	46	62	D 9
V.	Entire pink portion plus center line (tree)	90	17	73	D 33
VI.	Entire pink or either half.	87+ 59	31 + 3	56+56	D 27
VII.	Center gray portion (candle)	32	11	21	D 17
VIII.	Inner pink portion (elephant's heads)	14	7	7	Dr 13
	"Normal" small usual Detail (d)				
1.	All or nearly all of upper inner orange projections (lobster claws).	75	11	64	D 1
		Tentative			
2.	Eye-like portion in middle consisting of green and white slits (eyes)		10	___	DrS 15
3.	Arch-like light orange at top center.		8	___	Dr 1
	CARD X				
	"Normal" large usual Detail (D)				
I.	Outer blue (crabs) sometimes with outer green.	313 + 10	170 + 10	143	D 4
II.	Inner green, dark portions only (caterpillars)	248	102	146	D 14
III.	Entire grey portion at top.	223	76	147	D 19
IV.	Grey "animals" at top, without innter grey column.	207	60	147	D 3
V.	Entire inner green	189	43	146	D 15
VI.	Outer grey-brown figures (mice)	173	89	84	D 10
VII.	Light portion between inner greens (rabbit's head)	152	65	87	D 12
VIII.	Inner blue (birds)	124	49	75	D 7
IX.	Pink portion separately (mountain)	116+5	57 +5	59	D 6
X.	Inner yellow (lions or dogs)	115	74	41	D 11
XI.	Outer orange (collie dog)	100	46	54	Dr 13
XII.	Inner orange (wishbone)	80	58	22(dr)	D 5
XIII.	Outer upper green (grasshopper)	59	32	27(dr)	Dr 2
XIV.	Grey column at top without grey "animals" beside it.	41	22	19(dr)	D 1
XV.	Outer yellow	37	27	10(dr)	Dr 8
XVI.	Pink with entire top grey(flower v)	65*	6	59* W	___
		Tentative			
XVII.	Pink with inner blue man on a mountain or cliff).		15	___	___

SURVEY OF THE TRAINING FACILITIES FOR THE RORSCHACH METHOD IN THE U.S.A.

by

DOUGLAS M. KELLEY, M.D.†

In a special comment on the impending twentieth anniversary of Rorschach's completion of his monograph, Beck (1) indicated five main qualifications of a Rorschach experimenter, viz:

1. Broad experience in psychopathology.
2. Psychoanalysis.
3. Experience with the Rorschach test in many clinical groups.
4. Orientation in the Rorschach-Oberholzer tradition.
5. A foundation in experimental psychology.

It is beyond our province to suggest training in any except items 3 and 4. Here, however, training beyond simple mastery of Rorschach's "Psychodiagnostik" (2) seems to be necessary. As Oberholzer (3) pointed out, "The understanding and appreciation of the Rorschach method was long in coming because Rorschach left behind him only a concise book which was merely a skeleton of the method and with it alone the test cannot be done. His judgment of findings on normal and pathological materials are buried with him." Or as Klopfer (4) expresses it, "It seems rather doubtful whether it is possible to become proficient in the use of the Rorschach method by reading only. Everybody seems to go through an initial period of fogginess - sometimes projected into complaints about the subjectivity of the method - until he develops sufficient grasp of the interpretative principles to give meaning to the rather complicated scoring procedure. This fog can only be dispelled by the accumulation of substantial experience (working through and checking about 100 records). Few people will have the stamina to go through such a mental ordeal (hard work in thick fog) without personal guidance."

It seems, therefore, a function of the training committee to indicate to students in general where they may receive both preliminary and advanced training in this field. With this idea in mind, as many authorities as possible have been consulted, and the following list of centers of training has been compiled. It is expected that any survey of this type cannot be as complete in its scope as is desirable in view of the rapid changes in the field, and it is the hope of the author that any specialists whose work has been inadvertently overlooked will send notification, that they may be included in a future study. This survey has, as far as possible, been conducted so as to include both those individual teachers recognized as experts by the Rorschach Institute and those few who have not yet been affiliated, so as to give it a true national scope. The fellows of the Institute will be recognized by an asterisk (*) after their names.

Probably the greatest center of Rorschach activity is in the N. Y. metropolitan area. Here primarily are the courses given under the direct jurisdiction of the Institute by Bruno Klopfer, Ph.D.* At the present time,

†(From the Department of Psychiatry, N.Y. State Psychiatric Institute and Hospital, New York City)

and for the coming academic year, 1940-1941, courses are offered by Dr. Klopfer within the curriculum of Teachers College, Columbia University, as follows: A beginner's course, advanced course and a research seminar, each of which offers 1-3 academic units of credit. In addition an advanced course in interpretation is given twice a month at the N. Y. State Psychiatric Institute and Hospital. Also working with Dr. Klopfer are six Ph.D. candidates at Columbia University and Teacher's College, one Ph.D. candidate in N.Y.U., and one M.A. candidate in Teacher's College, who are applying the Rorschach method for their thesis work. Dr. Klopfer has also conducted workshops and seminars in the past year in Cleveland, Ohio, San Francisco, Berkeley and Los Angeles, California, Pittsburgh, Pennsylvania, Denver, Colorado and Philadelphia, Pennsylvania. In June 1940 he is conducting a workshop at the Homestead in Crafts N. Y. which will include work on all levels of experience with the method. Advanced workshops will be given in Denver, Colorado in July, in Berkeley and San Francisco, California in August, Los Angeles in September and possibly a beginner's group in Minneapolis, Minnesota in September.

Walter W. Marseille, Ph.D.* is giving courses on the Rorschach Method for beginners and advanced students during the Spring of 1940.

Florence R. Miale, B.S.* has given courses for beginners and advanced students in 1939 and is continuing this work.

In addition to these courses, Ernest Schachtel, Dr. Jur., and Anna Hartoch have presented introductory and advanced courses during 1939 and are presenting similar courses in 1940.

Emil Oberholzer, M.D., gave a series of lectures under the jurisdiction of the N.Y. Psychoanalytic Society in 1938-1939 but has not repeated this course.

At Grasslands Hospital, Westchester County, New York, Hazel S. Clapp, M.A., Senior Psychologist, in 1939-1940 gave a short course of lectures in Rorschach techniques to a group of Social Work students from the New York School of Social work and continued with the Rorschach lectures to the Medical Staff of Psychiatric Department.

Leaving N. Y. State we find that Dr. M. Rickers-Ovsiankina*, who is at Wheaton College, gave courses for the last two years in Boston, Mass. consisting of ten lectures and anticipates presenting a similar course in 1940.

At Worcester, Mass., Dr. Saul Rosenzweig* is at present giving a course at the Worcester State Hospital for members of the hospital and neighboring institutions.

In Philadelphia, Pa., Drs. E. Louise Hamilton* and Edward M. Burchard* and C. M. Tufts, M.A. are teaching in the seminar being given this year by Dr. Bruno Klopfer which includes a lecture course, a beginner's course and also workshops for advanced students.

In Pittsburgh, Pa., a study group is centered around the Behavior Clinic of the Alleghany County Court and members of the psychology department of the University of Pittsburgh.

Traveling a bit further westward to Cleveland, we find that Marguerite R. Hertz, Ph.D.*, has considerably enlarged the scope of the Rorschach method at the Western Reserve University School of Medicine and is teaching two graduate courses with 3 hours credit for the third consecutive year; dealing with introductory and advanced material. In addition, there are several students-in-training in a 6 months administration and scoring course. At present two students are writing master's theses in the Rorschach Method and one working on her Ph.D.

Further west we find another center of activity in Chicago. Here S. J. Beck, Ph.D., of the Michael Reese Hospital, who has given a number of courses in the method in the last few years, in conjunction with the Department of Neuro-Psychiatry of the Hospital, has announced a ten hour course for June 1940 teaching the administration, scoring and interpretation of the method.

So far as can be ascertained there is no active teaching of the Method being undertaken west of Chicago, although study groups initiated by the Institute under the direction of Dr. Bruno Klopfer are working in Denver, Colorado, and Berkeley and Los Angeles, California. In Denver, the Colorado Psychopathic Hospital is the center of an extremely active study group headed by Dr. Franklin G. Ebaugh and in Berkeley the group is working under the direction of Dr. Jean W. Macfarlane of the Institute of Child Welfare of the University of California.

In San Francisco, California, work with small groups is being undertaken by Eva Klein, M.D. and in Los Angeles, California, Dorothy Baruch, Ph.D. is directing the activity of interested workers.

SUMMARY

In looking over the training facilities for the Rorschach method in the United States we find that the method has been actively adopted throughout the entire nation and that for the first time groups of workers engaged in research or teaching have been established from coast to coast.

Further, the primary centers of training for beginners and advanced students are New York, Philadelphia, Cleveland and Chicago, though active teaching is being undertaken in Worcester, Boston and other centers.

There are at present two Universities which offer courses in the Rorschach method for credit and at present a large number of graduate students are seeking higher academic degrees for research work done in this field.

Finally, the Rorschach Institute in the past year has established study groups for training throughout the entire United States.

The author, as chairman of the Training Committee, wishes to express his appreciation to all those workers who aided him in this survey by supplying information regarding their activities.

REFERENCES

1. Beck, S.J.: Thoughts on an impending anniversary. Amer. J. of Orthopsychiat. 9, 808, Oct., 1939.

2. Oberholzer, E.: Lectures given at the N.Y. Psychoanalytic Society. 1938-1939.

3. Rorschach, H.: Psychodiagnostik. Hans Huber, Bern, Switzerland.

4. Klopfer, B. in collaboration with Burchard, E., Kelley, D., and Miale, F.: Theory and Technique of Rorschach Interpretation. Rorschach Research Exchange, 3: 152-194, 1939.

* * * * *

ANNOUNCEMENT OF THE PUBLICATION COMMITTEE

Previous attempts to protect the Rorschach cards with cellophane have proven impractical for various reasons. As a result of experimentation by our members and friends we have now developed the following technique:

Use Roger's clear brush lacquer (the others have too much pigment in them) and also Roger's lacquer thinner. It is impossible to state how much thinner should be used because the lacquer varies in thickness depending upon evaporation. Experimentation if necessary can be done on the back of the card. Brush the lacquer over the card and then wipe it off with a soft rag. When the lacquer dries, put on another coat and wipe that off. Two coats are enough to withstand a lot of intensive rubbing. The wiping off dulls the surface so that there is no shine.

ANNOUNCEMENT OF THE TRAINING COMMITTEE

At the meeting of the Training Committee on January 29, 1940 the following applicants were unanimously elected as charter fellows or charter members of the Rorschach Institute Inc.

Charter Fellows

NAME	ADDRESS
Dr. John Benjamin	Ralston Creek Ranch, Golden, Colorado
Dr. Edward G. Billings	4200 E. 9th Ave., Denver, Colorado
Dr. Henry W. Brosin	University of Chicago, Chicago, Ill.
Mr. Edward M. L. Burchard	1920 N. Park Ave., Philadelphia, Pa.
Dr. Jessie J. Carlson	5 Prospect Place, N.Y.C.
Miss Clara Carroll	35-57 70 Street, Jackson Heights, L.I.
Dr. Eugene C. Ciccarelli	136 E. 57 Street, N.Y.C.
Miss Marion Cowin	439 W. 21 Street, N.Y.C.
Mrs. Helen H. Davidson	601 W. 115 Street, N.Y.C.
Dr. C. J. C. Earl	Monyhall Cottage, Kings Norton, Birmingham, England
Miss Marguerite Emery	43 Fifth Avenue, N.Y.C.
Dr. E. L. Hamilton	Norristown State Hospital, Norristown, Pa.
Dr. M. R. Harrower	3801 University Street, Montreal, Canada
Dr. Marguerite Hertz	The Brush Foundation, Cleveland, Ohio
Dr. Ludwig C. Hirning	Grasslands Hospital, Valhalla, N.Y.
Dr. Douglas M. Kelley	722 W. 168th Street, N.Y.C.
Dr. Bruno Klopfer	3820 Waldo Avenue, N.Y.C.
Dr. Morris Krugman	228 E. 57 Street, N.Y.C.
Dr. Marguerite Loosli-Usteri	68 Frontenex, Geneva
Mrs. Edna Mann	215 W. 98 Street, N.Y.C.
Dr. Walter M. Marseille	546 W. 114th Street, N.Y.C.
Mrs. Florence R. Miale	1322 Riverside Drive, N.Y.C.
Miss Alma C. Paulsen	439 W. 21 Street, N.Y.C.
Dr. Z. Piotrowski	722 W. 168 Street, N.Y.C.
Dr. Maria Rickers-Ovsiankina	Wheaton College, Norton, Mass.
Dr. Saul Rosenzweig	Worcester State Hospital, Worcester, Mass.
Miss Sadie Sender	70 Tonnelle St., Jersey City, N.J.
Miss Gladys Tallman	780 Riverside Drive, N.Y.C.
Dr. Goodwin Watson	Teachers College, N.Y.C.
Mrs. Ruth Wolfson	33 Washington Street, E. Orange, N.J.

Charter Members

Miss Marion Astley	812 N. 63rd Street, Philadelphia, Pa.
Dr. Arthur Benton	1365 York Ave., N.Y.C.
Mrs. Katherine P. Bradway	327 Emerson Street, Palo Alto, Calif.
Mrs. Elizabeth Rowe Caro	117 Mallette St., Chapel Hill, No. Carol.
Mrs. Hazel S. Clapp	Grasslands Hospital, Valhalla, N.Y.
Dr. Fritz E. Cohn	3875 Waldo Avenue, N.Y.C.
Dr. Jack R. Ewalt	4200 E. 9th Ave., Denver, Col.
Mr. Irving A. Fosberg	12 Arden Street, N.Y.C.
Miss Marjorie Foulke	Wichita Child Guidance Center, Wichita, Kansas

Charter Members Cont'd.

NAME	ADDRESS
Mrs. Rose P. de Franzetti	Apertado 1558, Caracas, Venesuela
Dr. Erika O. Fromm	5429 Harper Ave., Chicago, Ill.
Mrs. Mollie Gair	260 Riverside Drive, N.Y.C.
Miss Sylvia Goldman	894 Riverside Drive, N.Y.C.
Mr. William C. Hallow	Allentown State Hospital, Allentown, Pa.
Dr. A. Irving Hallowell	Box 14, Bennet Hall, Un.of Pa., Phila.
Dr. Helen Hertz	2204 St. James Place, Philadelphia, Pa.
Dr. Arnold H. Hilden	4200 E. 9th Ave., Denver, Col.
Evelyn Holzman	2505 Lorillard Place, N.Y.C.
Miss Julia Jacoby	Wheaton College, Norton, Mass.
Miss Elizabeth M. Junken	4 Chestnut Ave., Floral Park, L.I.
Mr. Morris D. Katz	1415 S. Sixth Street, Philadelphia, Pa.
Dr. Eva Klein	655 Powell Street,
Mrs. Margaret R. Krafft	319 E. 78 St., Apt. 3B, N.Y.C.
Mr. Mortimer Meyer	801 Riverside Drive, N.Y.C.
Dr. Katherine E. McBride	Bryn Mawr College, Bryn Mawr, Pa.
Dr. D. Rapaport	Osawatomie State Hospital, Osawatomie, Kansas
Dr. Ettore Rieti	38 W. 97 St., N.Y.C.
Dr. W. Donald Ross	3801 University Street, Montreal, Canada
Mrs. Alice Schlesinger	B. Me'. Mitre 311, Buenos Aires
Mr. John Dwight Shearer	814 Pitt Road, Cheltenham, Pa.
Dr. Grete Simpson	215 East 61 Street, N.Y.C.
Dr. Douglas Spencer	42 E. 52nd Street, N.Y.C.
Dr. L. Joseph Stone	Vassar College, Poughkeepsie, N.Y.
Mrs. Marianne Teich	229 W. 97 Street, N.Y.C.
Mrs. Carlyn Tuft	4613 Larchwood Ave., Philadelphia, Pa.
Dr. Norman Viner	1425 Bishop Street, Montreal, Canada

The Training Committee would at this time like to call the attention of future applicants to Articles I & II of the By-laws of the Rorschach Institute Inc. which pertain to membership and which appeared in the Rorschach Research Exchange, Vol. 3, No. 3, 1939.

Douglas M. Kelley, M.D., Chairman

THE RORSCHACH INSTITUTE, Inc.
announces
A SUMMER WORKSHOP IN THE RORSCHACH METHOD OF PERSONALITY DIAGNOSIS

Conducted by Dr. Bruno Klopfer
to be held at
THE HOMESTEAD, CRAFTS, NEW YORK

The Workshop starts with dinner on Sunday, June 23rd at 6 P.M. and ends on Saturday, June 29th, at 4 P.M.

The Workshop offers:

A. Lecture course consisting of six introductory lectures on the Rorschach method - every evening from 7:30 to 9 P.M.
(First lecture - Sunday evening, the 23rd)

Fee: $5.00 Open to all who are interested.

B. Seminar and study groups consisting of twelve sessions to be arranged as follows:

Seminar for beginners	daily	9:30 to 11:00 A.M.
Study group for beginners	"	11:15 to 12:45 A.M.
Seminar for advanced students	"	11:15 to 12:45 A.M.
Study groups for advanced students	"	2:00 to 3:30 P.M.

Fee: $15.00 Open to professionals only.

C. Administration and interpretation of student's own Rorschach

Fee: $ 5.00

Note: A may be taken separately

A and B are required for beginners who are interested in becoming proficient in the use of the Rorschach method and who wish to obtain a certificate from the Rorschach Institute.

B may be taken separately by students who have had an introductory course in the Rorschach method.

C is optional.

Reservations

For room and board, reservations should be made directly with The Homestead, Crafts, New York, before June 20th. The rate is $17.50 for the entire week for students attending the Workshop. There is a choice of cabin or dormitory accommodations.

For information and application for the Rorschach Workshop, write to Dr. Bruno Klopfer, 3820 Waldo Avenue, New York City.

Application to attend the Workshop should be made before June 15th.